



# **Amended** Board of Directors' Packet

**January 29, 2025**

**Meeting time is 6:30 p.m.**

**Meeting held at 333 Broadway Street  
Rock Springs, WY**



**Amended Agenda**  
**January 29, 2025 at 6:30 p.m.**  
**333 Broadway Street, Rock Springs, WY**

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- I. **Call to Order**
- II. **Declare Quorum**
- III. **Approval of Amended Agenda - pg. 1-3**  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- IV. **Approval of November Meeting Minutes - pg. 4-9**  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- V. **Approval of December Special Meeting Minutes - pg. 10-13**  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- VI. **Treasurer’s Report – November 2024 - pg. 14**
  - a. Write-Offs - pg. 15-17
  - b. Balance Sheet - pg. 18
  - c. Account Receivables - pg. 19
  - d. Revenues - pg. 20
  - e. Expenses - pg. 21-22
  - f. Check Register - pg. 23-28(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- VII. **Treasurer’s Report – December 2024 - pg. 29**
  - a. Write-Offs - pg. 30-32
  - b. Balance Sheet - pg. 33
  - c. Account Receivables - pg. 34
  - d. Revenues - pg. 35
  - e. Expenses - pg. 36-37
  - f. **Amended** Check Register - pg. 38-43(ACTION ITEM) \_\_\_\_\_ Approved/Failed

**VIII. Committee Updates**

- a. Finance
- b. Personnel
- c. Policy
- d. Comprehensive Planning – Presentation by Raymond Wolfe. Requires two requests for approvals. First to the action on adopting the plan as presented by Mr. Wolfe, and the second to vote on submission and presentation of the plan to the BOCC with the two options.

**IX. Reports - pg. 44**

- a. Residential Bed Utilization and Drawdown - pg. 45-46
- b. Residential Referrals and Admissions
- c. Title 25 Monthly Information - pg. 47
- d. SCS Staff Report - pg. 48-54
- e. Dry Creek Project Impact Projections

**X. Previous Business - pg. 55**

Item A: MyAvatar Order Connect NX - Postponed in November - Request for approval and signature of the updated module for prescribing within the SCS electronic health care record. The one-time cost is \$4,275 for implementation. - pg. 56-63

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item B: MyAvatar NX - Postponed in November - Request for approval and signature for the updated module for migration to the new platform within the electronic health care record. The total cost is \$56,000 to be paid in monthly installments of \$4,666.67 for 12 months. - pg. 64-69

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item C: FY26 Grant Application – Request for review and approval of the FY26 State funding application with the Wyoming Department of Health, Behavioral Health Division. pg. 70-157

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

**XI. New Business - pg. 158**

Item A: Request to add W.S. Construction as new first of the month vendor - This is a request to add W.S. Construction as a first of the month vendor in order to pay the contractor in a timely manner to keep the project moving forward.

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item B: Request to add Shepard Construction Solutions as new first of the month vendor - This is a request to add Shepard Construction Solutions as a first of the month vendor in order to pay the contractor in a timely manner to keep the project moving forward.

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item C: 2025 ASI-MV Connect Subscription - This is a request for approval and signature for the agreement with Uprise Health for the ASI-MV Connect Subscription. The total cost is \$2280 for the period of February 6, 2025 through February 5, 2026. - pg. 159

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item D: Star Stadium 11 Advertising – This is a request for approval and signature for the agreement with Upslope Media to advertise at Star Stadium 11. The total cost is \$2970 for the 6 month period, effective February 1, 2025 through July 31, 2025. - pg. 160

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item E: Election of the Board Secretary - Nomination and election of Board Secretary to replace Melissa Bates.

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

Item F: CARF Update of the Process

**XII. CEO Report - pg. 161-162**

**XIII. Public and Board Comments/Questions**

**XIV. Executive Session for instructing negotiations, deliberating on contracts, personnel matter and all other matters considered confidential by law.**

(MOTION) \_\_\_\_\_ Approved/Failed

(MOTION) \_\_\_\_\_ Approved/Failed

**XV. Adjournment**

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

# **Board Meeting Minutes**

**November 25, 2024**

Minutes for  
Southwest Counseling  
Board Of Director Meeting  
Held November 25, 2024

1. Meeting Called to Order by Kayleen Logan at 6:31p.m.
2. Attending: Kayleen Logan, Kristy Kauppi, April Thompson, Melissa Bates, Greg Orton
3. Declare Quorum by Kayleen Logan
4. Approval of amended agenda p. 1-2  
Motion made by Ms. Thompson  
Second made by Ms. Kauppi  
Motion passed.
5. Minutes were approved for 10/30/24 meeting  
Motion made by Ms. Kauppi to amend the minutes to include the last names of individuals on p. 8 who are eligible to contact Mr. Piper  
Second made by Ms. Thompson to approve the minutes as amended.  
Motion passed.
6. Treasurer's Report (Presented by Ms. Kauppi)  
SCS is carrying 53 days of cash on hand. This is due to a true-up from Behavioral Health Redesign. Ms. Kauppi notes that it is important to note the Accounts Receivable amounts by aging. YTD we should be in the 33% for revenues. We are at 63%. Total expenditures is 1,309,321.57. The amended check register reflects a total of \$1,282,807.58.  
Motion made by Ms. Thompson to approve the Treasurer's report.  
Second made by Ms. Bates  
Motion passed.
7. Committee updates.  
Finance Committee update presented by Kristy Kauppi: Met on 11/15 to discuss a proposal for an extra paid holiday. Unbeknownst to the committee at this time, a petition was circulating amongst SCS employees. The Finance Committee countered with the suggestion to close early on 12/24 instead. Ms. Acker clarifies that she was also unaware of the petition, which was dated 11/4. The committee received that petition on 11/19/24. "I would have told you if I had known about it. That would have made you feel blind-sided." Per Ms. Acker no one on the management team was asked to sign the petition. Ms. Logan states that she hopes that Ms. Acker is being completely honest about the timelines. Ms. Acker responds that she "knew the board would blame me. I just came off of a Performance Improvement Plan, and this could be held against me." Ms. Acker asks that the Board receive input from other members of the management team about the timeline of this petition. Ms. Legault clarifies that she found the petition on the fax machine, and learned after the fact of the request. "We were waiting to see what the County was going to do. We discussed that prior to the committee meeting. Then we discussed that this was found later." Ms. Logan clarifies that while employees have the right to advocate for themselves, that it is important that information is relayed to Board committees in a timely manner. Ms. Wray-

Marchetti states that Kori (Ms. Rosetti) had instructed the staff to submit a petition. Ms. Kauppi states, "We want to do right by the employees. We just need the information. To make sure that we're working in a transparent manner is all I'm asking."

8. Personnel Committee update: Hoping to have job descriptions and salary structure completed by December 3rd. Ms. Moser reports that progress is slower than anticipated (60% complete at this time).
9. Policy Committee update: Ms. Thompson states that they plan to meet on 12/12.
10. Strategic Planning: Ms. Logan reports that they met with Mr. Wolfe last week. We need to change "Strategic Planning" to "Comprehensive Plan". There is an outline to proceed further, while collaborating with CEO and CFO. Mr. Wolfe has been in contact with Ms. Acker. She is awaiting a response from him at this time in order to schedule a meeting about cost centers. Commissioner West is also awaiting a response from Mr. Wolfe. Plan to meet on 12/13 at 11 a.m. where Mr. Wolfe will present the Comprehensive Plan for the Board, with hope to have that plan ready for the January Board meeting.
11. Previous Business: see board packet p. 25
  - a. Residential Bed Utilization and Drawdown pg. 26-28 - Laura Schmid-Pizzato clarifies that we are reaching goals in SUD at 35.71%, and below goal in Total Mental Health bed days at 24.84%
  - b. Residential Referrals and Admissions - pg. 29-31 - No questions or discussion
  - c. Title 25 Monthly Information - pg. 32 - Ms. Acker clarifies that this Southwest Counseling's report, and that another report (included in last month's Board Packet) was supplied by Mr. John DeLeon
  - d. SCS Staffing Report - pg. 33-39 - Ms. Logan asks a clarifying question about a new position for Clinical Supervisor listed at \$75,000 base salary, asks if there is room in the budget for this position. Ms. Acker clarifies that Ms. Schmid-Pizzato is no longer able to provide the supervision hours required in the Residential Treatment program in addition to her other management duties. Ms. Moser states that a position for licensed clinician has been eliminated, which opens up the budget. Ms. Logan reminds us that consultant Mr. Wolfe had stated a need to have dedicated staff working on grant-writing. The position of Administrative Assistant was discussed, in that it would assist Ms. Schmid-Pizzato and Ms. Wray-Marchetti. Ms. Kauppi clarified with Ms. Acker that a billable clinical position has been eliminated, while seeking to fill an administrative Clinical Supervisor position. Ms. Moser (HR) asked for clarification on whether she can post positions, such as Administrative Assistant, without Board approval. Ms. Kauppi clarified that there is a significant budget difference between an Administrative Assistant position and Clinical Supervisor. Ms. Wray-Marchetti offered clarification on monitoring of billable hours and how the decision was made to eliminate the clinician position. Ms. Acker states that SCS would never seek to fill a position that is not in the budget, and states that there is an immediate need to fill that Clinical Supervisor position. "It was just doing a day-to-day management decision." Ms. Acker

states that Ms. Schmid-Pizzato has been overwhelmed with duties to obtain grant funding for the agency, and that she wishes to advocate for her. Ms. Schmid-Pizzato clarifies that “We’ve always had two supervisors, and it switched when Sonny Hodgdon retired in 2019.” The Residential Program supervisor position was previously filled and that failed. Laura Schmid-Pizzato absorbed that supervisory position at that time. Ms. Schmid-Pizzato states that she has brought \$10 million in grant money into the agency, and that she is more qualified to continue in that capacity than a new grant-writing position. Ms. Kauppi suggests that Ms. Schmid-Pizzato focus on the position she was hired to do. Ms. Schmid-Pizzato states that she is a Program Manager, Residential Program Supervisor and Grant Manager. “It’s more of re-hire a Clinical Supervisor, because we’ve always had one before.” Commissioner West suggests that the Personal Committee meet to discuss this matter. Ms. Acker agrees to postpone hiring the Clinical Supervisor and Administrative Assistant positions until they are listed in the current year’s budget. Needed immediately are the Treatment Support Staff, HR Clerk and APRN-Psychiatric.

- e. MOU Plan of Safe Care pg 75-82 Ms. Logan states that Attny. Rob Piper approves the MOU in the packet. Ms. Schmid-Pizzato clarifies that this MOU exists to be in compliance with a law that outlines how infants born to addicted mothers will receive care. Ms. Schmid-Pizzato clarifies that once the board approves the version of MOU in the packet, a clean-copy will be provided by the Attny General. Several typos were noted and Ms. Schmid-Pizzato states that these have been corrected in the final copy.
- f. Dry Creek Project Impact Projections - pg. 40-42 - Ms. Schmid-Pizzato reports that while she was instructed not to change the dollar amount requested, that SCS should not expect to receive the full amount. The monies available are not going to be what was initially projected. Ms. Schmid-Pizzato expects to receive \$1 million out of the \$4.5 million requested.

#### New Business - pg. 43

- a. Wyoming Snapshot Report - pg. 44-47 - This is the first quarter of Behavioral Health Redesign. Ms. Acker points out that the majority of money taken in during this quarter came from BHR, rather than from Medicaid. Ms. Wray-Marchetti points out that SCS drew down the same dollar amount as VOA, which has twice the grant allowance as SCS. Ms. Wray-Marchetti applauds her team, particularly Heather Gonzalez, who has figured out how to draw down these moneys. Ms. Christy Legault further wishes to brag about her clerical team. “My team has to get the clients in for the screening, and that is not easy.” Clerical and Billing staff teams have worked exceptionally hard to make BHR work.



- b. Holiday Leave - three petitions are received from staff, requesting a paid holiday to be used within 30-60 days of the holiday season.
  - c. Locus Tenens Contract - waiting on DEA licensing. Request the board to approve this contract in the event the license is approved.
  - d. 2024 Project Aware School-Based-Mental Health Partners - will allow SCS to provide school-based therapy on the school site. If a student does not qualify for Medicaid or BHR, Project AWARE pays the Medicaid rate +10%.
  - e. Comprehensive Plan - discussed above. Will collaborate with CEO and CFO on this.
  - f. Reporting System - working toward using HR software to reduce staffing costs and redundancy. Ms. Wray-Marchetti reports that as of last week, BI Collaborative was having trouble accessing our systems. Solutions are currently in the works and Ms. Wray-Marchetti will update the Board on how these programs are utilized.
12. CEO's Report pg.48-50 - update on ARPA projects. Construction is noisy, but employees continue to provide services. CEO offers to answer any questions on Board Action items.
13. Board Action - pg. 51
- a. myAvatar Order Connect NX - pg. 52-57 - Motion by Ms. Thompson to postpone decision on this matter until January 2025 Board meeting.  
Second by Ms. Kauppi  
Motion passed
  - b. myAvatar NX - pg.58-63 Motion made by Ms. Thompson to postpone vote on this action until January 2025 meeting  
Second made by Ms. Kauppi  
Motion passed.
  - c. Application 2024 Project AWARE - School Based Mental Health Partners pg. 64-74  
Motion made by Ms.Kauppi to approve the contract as written  
Second made by Ms. Thompson  
Motion passed.
  - d. MOU for Sweetwater County Plan of Safe Care Collaborative - pg 75-82  
Motion made by Ms.Thompson to approve the MOU as written  
Second made by Ms. Bates  
Motion passed.
  - e. Holiday Leave - Finance Committee recommendations and letters from SCS staff - pg. 83-85  
Motion made by Ms. Thompson to approve the recommendation made by the Finance committee to award full-time staff 4 hours of holiday leave and holiday differential pay for treatment support staff working.  
Second made by Ms. Kauppi  
Motion passed.  
Motion made by Ms. Thompson to approve the Locum Tenens contract.  
Second made by Ms. Kauppi

Motion passed.

14. Public and Board Comments/Questions: None.

15. Executive Session

Motion made by Ms. Bates for purpose of personal matters

Second made by Ms. Kauppi

Motion passed.

16. Adjournment of Executive Session

Motion made by: Ms. Thompson

Second made by: Ms. Bates

Motion passed.

17. Motion to approve and allow Board Chair to sign and deliver letter discussed in Executive Session

Motion made by: Ms. Kauppi

Second made by: Ms. Thompson

Motion passed.

18. Adjournment

Motion made by: Ms. Thompson

Second made by: Ms. Bates

Motion passed.

Respectfully Submitted,

Melissa Bates  
SCS Board Secretary

# **Special Board Meeting Minutes**

**December 18 , 2024**

Minutes for  
Southwest Counseling  
Board Of Director Meeting  
Held December 18, 2024  
Via Teams

1) Meeting Called to Order by Kayleen Logan @6:14pm

Attending: Kayleen Logan, Raven Beattie, April Thompson, Kori Rossetti,  
Kristy Kauppi and Melissa Bates

2) Declare Quorum by Kayleen Logan

3) Approval of Amended Agenda – pg. 1-2

Add Item E-

Motion made by Ms. Thompson

Second by Ms. Kauppi

Motion passed

Mellisa caught multiple errors in the contract and was very proactive in getting these errors corrected.

4) Previous Business

- a. Item A: Application Project Aware - Request for approval and signature of the completed RFP with Sweetwater County School District #1 for the opportunity to provide school-based mental health services. - pg. 3-18

After approval of getting a bid, Michal Love contacted the school after board gave approval and put in a bid for the school district. No questions regarding bid

Motion made by Ms. Thompson

Second by Ms. Kauppi

Motion passed

5) New Business

- a. Item B: FY26 State Funding Application with the Behavioral Health Division - This is a request to complete the application for review by the SCS Board in January 2025 and also by the BOCC in February 2025. This is the annual application to request funding from the Wyoming Department of Health, Behavioral Health Division. Included for the Board's review is the Priority Populations and Service Definitions. - pg. 19-32

Get approval of application from SCS which will go in front of the Commissioners during the 1<sup>st</sup> meeting. Linda Acker advised that it will be the 1<sup>st</sup> or 2<sup>nd</sup> meeting as it needs to be approved by the February 10<sup>th</sup>. Then it will come to the board for final approval.

Ms. Wray-Marchetti advised that historically the application will go in front of the SCS board of directors for approval on the 29<sup>th</sup> of January. On February 4, 2025 Linda Acker will present this to the Board of County Commissioners. Will get clarification from Commissioner West who has seen the applications. Ms. Logan advised that she believes that could follow that tradition and go in front of the commissioners in February. Board needs to make approval of application to be completed to be presented to the board and then the County Commissioners in January and February.

Motion made by Ms. Thompson

Second made by Ms. Rossetti

Motion passed

Item C: ARPA HHS Duran Grant Amendment - This is a request to approve the amendment to the ARPA agreement in the original amount of \$647,978. The amendment is to increase the award amount by \$141,274 for a total award amount of \$789,252. The increase is due to including inflationary funds into the original agreement.  
- pg. 33-36

Gene Legerski was present via video and had nothing further to add. Melissa did a great job getting in touch with the AG office

Ms. Logan asked if the money will be helpful. Gene said that he wants to work on some back channels and see if they can convince the Legislators to politic on their behalf. They have some projects and would like to roll over the extra money from other projects rather than turn it back to SLIP.

Motion made by Ms. Kauppi

Second by Ms. Thompson

Motion passed

Item D: ARPA HHS Washakie Grant Amendment - This is a request to approve the amendment to the ARPA agreement in the original amount of \$615,538. The amendment is to increase the award amount by \$92,272 for a total award amount of \$707,810. The increase is due to including inflationary funds into the original agreement.  
- pg. 37-40

Motion Made by Ms. Thompson

Second by Ms. Rossetti

Motion passed

Item E: ARPA HHS Ankeny Grant Amendment - This is a request to approve the amendment to the ARPA agreement in the original amount of \$678,041.20. The amendment is to increase the award amount by \$161,340.20 for a total award amount

of \$516,701. The increase is due to including inflationary funds into the original agreement. - pg. 41-44

**\*\*\*The contract is not incorrect- it was the wording on the board action which was incorrect. Numbers were transposed in the board action. The original amount was \$516,701. The amendment was asked to increase the amount by \$161, 340.20 which would make the total award amount of \$678, 041.20**

Motion Made by Ms. Thompson  
Second by Ms. Kauppi  
Motion passed

6) Public and Board Comments/Questions

7) Executive Session for instructing negotiations, deliberating on contracts, personnel matter and all other matters considered confidential by law.

Motion to move into session made by Ms. Thompson  
Second by Ms. Kauppi  
Motion approved

Motion to move out of executive session made by Ms. Thomson  
Second by Ms. Kauppi

8) Adjournment at 6:50pm

Motion made by Ms. Thompson  
Second made by Ms. Kauppi  
Motion passed.

Respectfully Submitted,

Kori Rossetti

# **Treasurer's Report**

**November 2024**

**Accounts Receivable Write-Off Request**  
**Self Pay Balances under \$25**  
**November-24**

Balances under \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total                    \$                    -

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**Board Signature**



**Accounts Receivable Write-Off Request**  
**Self Pay Balances over \$25**  
**November-24**

Balances over \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total                    \$                    -

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**Board Signature**

**Accounts Receivable Write-Off Request  
Bankruptcy Discharged  
November-24**

Bankruptcy Balances are requested for write-off once received by the agency for dismissal.

<b>Client Account Number</b>	<b>Amount of Write-Off</b>	<b>Reason for the request for Write-Off</b>

Total                    \$                    -

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**Board Signature**

# Southwest Counseling Service

## Balance Sheet

As of November 30, 2024

### ASSETS

#### Current Assets

##### Checking/Savings

1020 · General Operating Account 1,243,757.78

1031 · Commerce Bank- Cash Reserve 1,109,360.04

Total Checking/Savings 2,353,117.82

Total Current Assets 2,353,117.82

TOTAL ASSETS 2,353,117.82

### LIABILITIES & EQUITY

#### Liabilities

##### Current Liabilities

##### Credit Cards

2124 · FNBO Michal Love -6.00

Total Credit Cards -6.00

Total Current Liabilities -6.00

Total Liabilities -6.00

#### Equity

32000 · Unrestricted Net Assets 2,138,251.87

Net Income 214,871.95

Total Equity 2,353,123.82

TOTAL LIABILITIES & EQUITY 2,353,117.82

The Balance Sheet provides the assets and liabilities for the specific point in time of November 30, 2024. The total cash assets are \$2,353,117.82. The previous month's total cash was \$2,410,144.01, a decrease in cash in the amount of \$57,026.19 from the previous month. The year to date expenditures through November 30, 2024 total \$6,830,191.92. The average cost per day of operations is slightly lower at \$44,641.78 from the previous month at \$45,092.87. Liabilities as of November 30, 2024 total -\$6.00. This is due to a refund on a credit card. Based upon all cash balances, SCS is currently at 53 days of cash on hand, with no change from October 2024.

<b>FY 2025 Accounts Receivable Report</b>						<b>AR by Days Aging</b>				
<b>Nov-24</b>										
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	0	30	60	90	120
Self Pay	\$ 257,085.19	\$ 41,115.57	\$ (30,910.53)	\$ (28,047.89)	\$ 239,242.34	\$ 18,061.69	\$ 7,888.29	\$ 4,540.27	\$ 1,703.78	\$ 207,048.31
Insurance	271,412.57	94,022.43	(35,605.76)	(47,217.24)	282,612.00	90,486.05	71,608.06	28,815.00	25,525.81	66,177.08
Medicaid	129,236.95	42,771.26	(27,727.26)	868.60	145,149.55	41,205.39	26,539.76	13,895.27	12,107.63	51,401.50
Medicare	12,760.68	13,438.36	(6,168.29)	1,897.85	21,928.60	12,550.00	6,334.97	705.44	985.75	1,352.44
EAP	18,799.32	5,356.33	(3,672.99)	(7,387.50)	13,095.16	4,416.33	2,982.50	1,966.33	675.00	3,055.00
Client Contracts	52,423.78	9,482.32	(8,558.12)	(10,349.64)	42,998.34	8,811.54	3,089.21	11,873.53	12,443.41	6,780.65
Collection	1,550,279.59	39,855.12	(665.89)	(17,684.55)	1,571,784.27	-	84.00	393.58	430.25	1,570,876.44
State Contracts	770,149.13	642,921.27	(1,054,287.92)	397,185.51	755,967.99	390,425.24	111,543.57	75,844.62	70,685.11	107,469.45
Cancellation/No Show	19,264.39	920.00	(295.00)	302.60	20,191.99	842.00	854.00	670.00	580.00	17,245.99
<b>Total</b>	<b>\$ 741,718.49</b>				<b>\$ 745,025.99</b>	<b>\$ 175,531.00</b>	<b>\$ 118,442.79</b>	<b>\$ 61,795.84</b>	<b>\$ 53,441.38</b>	<b>\$ 335,814.98</b>

<b>Oct-24</b>						<b>AR by Days Aging</b>				
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	0	30	60	90	120
Self Pay	\$ 250,198.13	\$ 23,513.28	\$ (22,570.19)	\$ 5,943.97	\$ 257,085.19	\$ 11,176.60	\$ 7,188.54	\$ 4,231.99	\$ 5,633.23	\$ 228,854.83
Insurance	277,179.27	121,101.26	(66,077.88)	(60,790.08)	271,412.57	108,160.56	45,044.93	30,389.91	17,793.37	70,023.80
Medicaid	99,165.52	54,694.23	(22,124.63)	(2,498.17)	129,236.95	50,132.05	18,495.14	11,185.41	24,052.32	25,372.03
Medicare	4,723.19	6,693.38	(1,886.12)	3,230.23	12,760.68	5,799.38	4,964.74	599.07	153.60	1,243.89
EAP	12,448.63	7,226.33	(2,721.97)	1,846.33	18,799.32	4,955.00	4,861.33	4,456.33	883.33	3,643.33
Client Contracts	27,798.66	14,698.54	(13,479.47)	23,406.05	52,423.78	3,296.83	13,382.45	13,678.69	14,314.86	7,750.95
Collection	1,051,111.61	-	(1,927.71)	501,095.69	1,550,279.59	-	-	-	223.02	1,550,056.57
State Contracts	666,536.17	778,282.04	(1,629,977.12)	955,308.04	770,149.13	375,123.56	179,451.29	102,553.00	102,591.85	10,429.43
Cancellation/No Show	19,264.39	1,090.00	(472.00)	(618.00)	19,264.39	881.10	660.71	617.00	488.00	17,038.18
<b>Total</b>	<b>\$ 671,513.40</b>				<b>\$ 741,718.49</b>	<b>\$ 183,520.42</b>	<b>\$ 93,937.13</b>	<b>\$ 64,541.40</b>	<b>\$ 62,830.71</b>	<b>\$ 336,888.83</b>

<b>Changes from Previous Month</b>					
	Charges	Payments	Adjustments	Ending Balance	
Self Pay	\$ 17,602.29	\$ (8,340.34)	\$ (33,991.86)	\$ (17,842.85)	
Insurance	\$ (27,078.83)	\$ 30,472.12	\$ 13,572.84	\$ 11,999.43	
Medicaid	\$ (11,922.97)	\$ (5,602.63)	\$ 3,366.77	\$ 15,912.60	
Medicare	\$ 6,744.98	\$ (4,282.17)	\$ (1,332.38)	\$ 9,167.92	
EAP	\$ (1,870.00)	\$ (951.02)	\$ (9,233.83)	\$ (5,704.16)	
Client Contracts	\$ (5,216.22)	\$ 4,921.35	\$ (33,755.69)	\$ (9,425.44)	
<b>Amount Increase/Decrease</b>	<b>\$ (21,740.75)</b>	<b>\$ 16,217.31</b>	<b>\$ (61,374.15)</b>	<b>\$ 3,307.50</b>	

The total outstanding balance for amounts owed to Southwest Counseling Service for November 2024 is \$745,025.99. The receivables increased slightly from the previous month. The total receivables excludes Collection, State Contracts, and Cancellation/No show fees.

State Contracts	FY25 Budget	Nov-24	% Month	YTD	%YTD	Difference
<b>Outpatient Services</b>						
MH - Outpatient	\$ 1,038,642.78	\$ 69,226.95	7%	\$ 644,974.82	62%	\$ (393,667.96)
MH - CARF	14,015.00	305.78	2%	6,726.90	48%	(7,288.10)
MH- Direct Care Salaries	182,343.00	23,156.93	13%	144,837.85	79%	(37,505.15)
MH- Emergency Services	29,218.00	2,041.34	7%	15,427.87	53%	(13,790.13)
MH- Regional Med. Management	133,729.00	2,917.72	2%	64,187.10	48%	(69,541.90)
MH- Regional Nursing Support	41,291.00	900.89	2%	19,818.80	48%	(21,472.20)
MH- Regional Early Intervention	53,302.00	1,162.95	2%	25,583.83	48%	(27,718.17)
MH- ESMI	56,277.73	5,289.20	9%	32,839.13	58%	(23,438.60)
MH- Jail Based Services	50,000.00	1,090.91	2%	23,998.96	48%	(26,001.04)
SA - Outpatient	606,870.00	70,134.03	12%	346,760.67	57%	(260,109.33)
SA- Direct Care Salaries	313,899.00	10,861.11	3%	139,575.20	44%	(174,323.80)
SA - CARF	6,100.00	133.09	2%	2,513.07	41%	(3,586.93)
SA - HB 308	454,450.00	9,915.27	2%	187,224.31	41%	(267,225.69)
MH & SA- Peer Specialist	90,000.00	1,963.64	2%	40,138.17	45%	(49,861.83)
CCRS	208,800.00	4,555.64	2%	100,219.63	48%	(108,580.37)
MH - LT Group Home -Sweetwater	632,675.31	43,865.74	7%	303,832.65	48%	(328,842.66)
MH - LT Group Home - Uinta	517,643.44	30,696.91	6%	251,397.08	49%	(266,246.36)
SOR- Medication Assisted Treatment	483,000.00	98,438.00	20%	324,743.00	67%	(158,257.00)
SA - Peer Review	2,500.00	-	0%	-	0%	(2,500.00)
Mitigation	1,830.00	-	0%	-	0%	(1,830.00)
<b>CCBHC</b>						
CCBHC	1,000,000.00	329,844.22	33%	477,253.48	48%	(522,746.52)
<b>Regional Services - MH</b>						
MH- Transitional Grp - Sweetwater	438,588.46	31,859.45	7%	270,303.28	62%	(168,285.18)
MH - SIP- Sweetwater	155,302.06	9,013.71	6%	85,893.06	55%	(69,409.00)
MH- SIP- Uinta County	207,069.41	11,091.76	5%	105,033.82	51%	(102,035.59)
MH- Transitional Grp - Uinta	389,856.40	23,343.54	6%	181,272.19	46%	(208,584.21)
MH --Sub-Acute Crisis Residential	397,917.00	14,455.29	4%	211,006.69	53%	(186,910.31)
MH --Sub-Acute Crisis Residential Uinta	79,583.00	11,852.39	15%	60,965.26	77%	(18,617.74)
<b>Regional Services - SA</b>						
SA - Residential	2,241,069.28	157,258.65	7%	1,217,463.61	54%	(1,023,605.67)
SA- Residential Women and Children	703,347.15	36,095.75	5%	341,521.79	49%	(361,825.36)
SA- Transitional (SL)	199,290.49	5,950.80	3%	107,225.74	54%	(92,064.75)
SA- Detox	136,417.08	2,976.37	2%	77,345.86	57%	(59,071.22)
<b>Quality of Life</b>						
MH - Quality of Life	102,730.00	11,143.00	11%	41,724.00	41%	(61,006.00)
SA- Quality of Life	23,680.00	2,289.00	10%	21,744.00	92%	(1,936.00)
<b>General Funds</b>						
County	650,488.00	56,917.67	9%	284,588.35	44%	(365,899.65)
Client Fees	370,000.00	17,774.56	5%	108,263.08	29%	(261,736.92)
Insurance	631,305.00	35,028.65	6%	221,175.88	35%	(410,129.12)
Medicaid	557,825.00	27,622.36	5%	139,729.98	25%	(418,095.02)
Medicare	44,325.00	6,168.29	14%	13,283.40	30%	(31,041.60)
EAP	61,375.00	3,672.99	6%	11,817.48	19%	(49,557.52)
DFS	5,000.00	-	0%	1,422.74	28%	(3,577.26)
DVR/DDS	2,000.00	10.00	1%	1,121.50	56%	(878.50)
Medical Service Fees	112,000.00	1,856.41	2%	13,868.53	12%	(98,131.47)
Food Stamps	99,520.00	1,090.62	1%	26,375.15	27%	(73,144.85)
<b>Grants and Contracts</b>						
General Contracts	110,500.00	8,145.00	7%	36,931.63	33%	(73,568.37)
Treatment Court	82,800.00	6,900.00	8%	13,800.00	17%	(69,000.00)
Federal Probation	4,000.00	-	0%	-	0%	(4,000.00)
County Prevention	243,229.00	-	0%	86,192.73	35%	(157,036.27)
ARPA Capital Construction	1,780,217.00	-	0%	152,729.92	9%	(1,627,487.08)
VOA BHR	270,000.00	-	0%	-	0%	(270,000.00)
<b>Miscellaneous Funds</b>						
Operations Carryover	2,900,000.00	-	0%	2,900,000.00	100%	-
Reserve	1,383,095.50	-	0%	1,383,095.50	100%	-
Interest Earned	22,000.00	1,953.05	9%	11,131.15	51%	(10,868.85)
Commissary Funds	5,700.00	503.06	9%	2,175.57	38%	(3,524.43)
Miscellaneous	15,000.00	35,269.79	235%	46,904.96	313%	31,904.96
<b>Total Revenues</b>	<b>\$ 16,058,720.59</b>	<b>\$ 1,226,742.48</b>	<b>8%</b>	<b>\$ 11,328,159.37</b>	<b>71%</b>	<b>\$ (4,730,561.22)</b>
<b>Total Revenue excluding carryover</b>	<b>\$ 20,341,816.09</b>			<b>\$ 7,045,063.87</b>	<b>35%</b>	

Personnel	FY25 Budget	Nov-24	% Month	YTD	%YTD	Difference
Salaries	\$ 7,918,379.34	\$ 584,100.64	7%	\$ 3,065,794.61	39%	(4,852,584.73)
FICA	685,470.00	41,387.40	6%	221,906.34	32%	(463,563.66)
Wyoming Retirement	1,203,450.00	107,830.79	9%	560,202.21	47%	(643,247.79)
Health Insurance	2,138,440.00	198,009.83	9%	980,042.62	46%	(1,158,397.38)
Life Insurance	35,700.00	4,197.22	12%	20,439.02	57%	(15,260.98)
Worker's Compensation	49,000.00	4,468.18	9%	23,110.22	47%	(25,889.78)
Unemployment	25,000.00	8,923.26	36%	13,903.22	56%	(11,096.78)
Wellness	13,580.00	1,276.21	9%	4,193.33	31%	(9,386.67)
Background Check	11,010.00	1,004.76	9%	4,702.57	43%	(6,307.43)
Contracts	513,000.00	45,924.91	9%	238,898.56	47%	(274,101.44)
Contract- Transitional Grp - Uinta	389,856.40	25,018.92	6%	160,858.45	41%	(228,997.95)
Contract - SIP Uinta County	207,069.41	20,643.67	10%	98,459.93	48%	(108,609.48)
Contract - Sub-Acute Crisis Stabilization	79,583.00	12,088.61	15%	47,255.90	59%	(32,327.10)
Contract - LT Group Home - Uinta	517,643.44	39,224.84	8%	237,570.38	46%	(280,073.06)
Consultation	10,000.00	2,137.50	21%	6,542.50	65%	(3,457.50)
Recruitment	8,225.00	577.09	7%	1,613.94	20%	(6,611.06)
Travel/Vehicle Expenses						
Travel-Mileage Reimbursement	12,000.00	653.36	5%	4,061.52	34%	(7,938.48)
Vehicle Fuel	28,300.00	1,941.45	7%	8,301.69	29%	(19,998.31)
Vehicle Maintenance	16,000.00	724.90	5%	6,768.73	42%	(9,231.27)
Conference and Seminar Travel	22,600.00	1,649.61	7%	9,014.77	40%	(13,585.23)
Training	30,000.00	6,301.03	21%	21,134.09	70%	(8,865.91)
Operating						
Supplies	164,748.00	11,910.80	7%	51,317.21	31%	(113,430.79)
Food	235,295.00	26,735.45	11%	113,725.91	48%	(121,569.09)
Rent	113,400.00	6,070.00	5%	60,021.74	53%	(53,378.26)
Utilities	192,454.00	22,365.38	12%	92,287.26	48%	(100,166.74)
Insurance- G&P/ Vehicles	160,590.00	-	0%	125.00	0%	(160,465.00)
Advertising	35,500.00	9,186.00	26%	43,290.64	122%	7,790.64
Books/Magazines/Video	4,000.00	110.35	3%	1,809.47	45%	(2,190.53)
Client/Insurance Refund	3,000.00	836.05	28%	1,011.05	34%	(1,988.95)
Computer Hardware	86,000.00	24.41	0%	806.01	1%	(85,193.99)
Computer Software	475,505.00	24,484.96	5%	286,568.61	60%	(188,936.39)
Computer Maintenance	10,000.00	281.25	3%	1,982.48	20%	(8,017.52)
Computer Communication	57,000.00	3,178.20	6%	15,904.29	28%	(41,095.71)
Equipment	118,220.00	2,432.40	2%	16,532.13	14%	(101,687.87)
Leased Equipment	50,000.00	4,113.17	8%	20,493.73	41%	(29,506.27)
Maintenance	182,400.00	10,749.76	6%	44,994.92	25%	(137,405.08)
Postage	12,250.00	533.99	4%	4,102.79	33%	(8,147.21)
Cleaning Supplies	18,205.00	1,791.65	10%	6,279.53	34%	(11,925.47)
Telephone	74,000.00	10,522.39	14%	76,295.17	103%	2,295.17
Testing and Materials	20,000.00	-	0%	4,297.00	21%	(15,703.00)
Drug Testing	25,000.00	4,068.86	16%	11,100.04	44%	(13,899.96)
Client Medical	175,000.00	5,592.00	3%	33,836.41	19%	(141,163.59)
Client Rx	15,000.00	6,995.60	47%	36,456.55	243%	21,456.55
APRN Medical Lab Fees	20,000.00	711.00	4%	6,836.71	34%	(13,163.29)
Recreation	3,850.00	552.85	14%	1,565.91	41%	(2,284.09)
Membership Dues	30,000.00	349.00	1%	1,587.00	5%	(28,413.00)
Collection Agency	2,000.00	38.00	2%	455.60	23%	(1,544.40)
CARF	20,115.00	-	0%	1,095.00	5%	(19,020.00)
MH Quality of Life						
Medical	55,030.00	6,910.13	13%	22,849.33	42%	(32,180.67)
Emergency Subsistence	3,200.00	841.89	26%	1,772.81	55%	(1,427.19)
RX	15,000.00	3,858.00	26%	13,165.80	88%	(1,834.20)
Housing	5,100.00	67.80	1%	248.80	5%	(4,851.20)
Transportation	15,400.00	115.00	1%	980.99	6%	(14,419.01)
Recreation	1,000.00	-	0%	-	0%	(1,000.00)
Community Center	8,000.00	-	0%	-	0%	(8,000.00)
Regional Quality of Life						
Regional Quality of Life	23,680.00	1,855.15	8%	8,564.95	36%	(15,115.05)
Miscellaneous Expenses						

Finance Charge	2,000.00	-	0%	-	0%	(2,000.00)
Credit Card Fees	20,000.00	981.09	5%	4,868.34	24%	(15,131.66)
Other Expenses	32,255.00	48.06	0%	8,062.55	25%	(24,192.45)
Debt Service/Capital Maintenance						
Capital	830,000.00	5,069.82	1%	5,069.82	1%	(824,930.18)
ARPA Funding Capital Projects	3,113,312.50	2,304.03	0%	95,055.77	3%	(3,018,256.73)
<b>Total Expenses</b>	<b>\$ 20,341,816.09</b>	<b>\$ 1,283,768.67</b>	<b>6%</b>	<b>\$ 6,830,191.92</b>	<b>34%</b>	<b>(13,511,624.17)</b>

**Southwest Counseling Service  
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Check No.	Vendor	Program	Check Amt.	Description
117593	Amazon	Transitions, Independence, Continental, TC, Mental Health, Bridges, Recovery, Admin	\$ 338.24	Desk and wall calendars; monthly planners; commercial mop bucket; sharps container; Pathological Demand Avoidance and Autism Book
117594	CenturyLink Business Services - Lumen	Mental Health	2,229.35	Business IP, data, and voice service
117595	Kum&Go Fleet	Independence, Transitions, Recovery, Crisis, Detox, Duran, Century, Continental, Admin., WAP, TC, Prevention	1,898.50	Fuel for SCS vehicles
117596	LocumTenens	Psychiatric	23,764.42	Services Rendered From 10/10-11/14/24
117597	Verizon Wireless	Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical, Emergency, Independence, Duran, WAP, Continental, Transitions	924.80	Residential homes, agency phones, and notebook line access monthly charges- 10/16-11/15/24
117598	White Mountain Water & Sewer District	WAP, Duran	652.42	Water and sewer reading from 10/15-11/15/24
117599	Century Link	TC, Recovery	111.68	Monthly telephone service 11/25-12/24/24
117600	CenturyLink Business Services - Lumen	Mental Health	24.71	Business IP, data, and voice service
117601	First Bankcard	CCBHC, Admin., QOL, Bridges, TC, Mental Health, WAP, Duran, 4 SOR MAT, Prevention, Recovery, Crisis, Detox,	10,732.21	Lexipol first responder training; vehicle fuel; client emergency subsistence paid for via QOL grant; recruitment; CPR training, qty: 4; Basic Accelerated Resolution Therapy Training; client Rx and medical; prizes for children's Halloween party; hygiene items; kitchen utensils; Prevention SAPST training in Cheyenne; International Survivors of Suicide Loss Day META advertisements; Mandt training, qty: 10; backgrounds on potential employees; donuts and sandwiches for employees; trauma tags: not all wounds are visible; Pat Swan-Smith retreats; PESI Certified Clinical Trauma Professional Intensive Training Course; Casper Star Tribune Subscription for Laura Schmid-Pizzato; air filter replacement for office space heater; Pizza for men's IOP step challenge completion
117602	Pain Care Center	3-SOR-MAT, 4-SOR-MAT, QOL	4,939.00	MAT and QOL services for clients. Paid for by MAT and QOL grant



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117603	Pitney Bowes Global Financial Services	TC, Recovery	1,068.00	Relay 1000 Inserting System SendPro P Series 12/30/24-3/29/2025
117604	Western Star Communications LLC	Mental Health, TC	511.00	Business answering service and transaction usage for December 2024
117605	Wyo Waste	Century, Bridges, Medical, TC, Recovery, Mental Health, Duran, WAP, Child & Adol.	1,356.99	Monthly waste collection 12/1-12/31/24
117606	McKesson Medical-Surgical, Inc.	Medical	63.42	Dry eye relief; sodium chloride; blood collection needles
117607	All West Communications	Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence	3,178.20	Business internet service 12/1-12/31/24
117608	Altitude Analysis	Recovery, TC	140.00	Background testing for potential employees- 11/14-11/25/24
117609	CenturyLink Business Services - Lumen	TC, Recovery, Admin., Bridges, Medical, Mental Health	3,143.41	Business IP, data, and voice service
117610	Leaf Prior SVC By TimePayment	Bridges, Mental Health	120.00	Monthly water system
117611	Pitney Bowes Purchase Power	TC, Recovery	1,009.75	Meter refill- SN-0378038
117612	RMP- Rocky Mountain Power	Century, Child & Adol., Duran, WAP, Mental Health, Transitions, Sober Living, SIP, Continental, Independence	3,671.30	Monthly energy and power readings ending 12/5/24
117613	Wal-Mart	Transitions, Crisis, Detox, Continental, Bridges, Independence, Century, WAP, TC	8,227.66	Food, cleaning supplies, client Rx & medical covered under QOL grant, Halloween supplies; dry-erase board; Mobi thermometer; consumables
117614	Pioneer Counseling	Admin	74,331.83	November bed days; December's regular payment
117615			VOID	Payer requested a copy of a voided check to send an ACH
117616	Century Link	TC, Recovery, Mental Health	243.92	Monthly telephone service 12/7/24-1/6/25
117617	Enbridge Gas	Sober Living, SIP, Continental, Bridges, Medical, Crisis, Detox, Transitions, TC, Recovery, Independence, Admin., Mental Health, Child & Adol.	5,360.43	Monthly gas service from 11/14-12/12/24
117618	RMP- Rocky Mountain Power	TC, Recovery, Bridges, Medical	3,663.78	Monthly energy and power readings ending 12/10/24
117619	RS Municipal Utility	Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol.	2,968.04	Monthly water and sewer readings 9/26-10/28/24

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117620	Amazon	Recovery, Detox, TC, WAP, Mental Health, Admin, Duran	1,465.33	Caution wet floor sign; The Laundry List Workbook, qty: 2; energizer 3V batteries; spiral notebook; Yealink T48U IP Phone with expansion module; commercial can opener; Edlund heavy duty manual can opener kit with knife and gear replacement; ceramic space heater; wall and desk calendars; 4-pack sanitizing buckets, qty: 2; Winco aluminum fry pan/skillet, qty: 2; six quart over the sink colander; microfiber twist mop; ink pad; wall cleaning mop; queen sized bedding; biohazard waste bags; transparent film for badges; office supplies; claim forms
117621	CenturyLink	Bridges, Medical	73.51	Monthly telephone service 12/7/24-1/6/25
117622	LocumTenens	Psychiatric	17,603.27	Services Rendered From 11/18-12/5/24
117623	Nicholas & Company	Century, Duran, WAP, Bridges, TC, Transitions, Continental, Independence	10,099.52	Food and paper supplies
117624	Pitney Bowes Global Financial Services	Mental Health	159.97	SendPro C Series billing period 1/10/25-4/9/25
117625	Smiths	4-SOR-MAT, QOL, WAP, Century, Duran	6,388.10	Client RX; med room supplies; food for thanksgiving and IOP
117626	U.S. Bank	TC, Recovery	1,474.49	Leased copy/printers
117627	Petty Cash	4-MAT, Continental, Transitions, Independence, Bridges, QOL	470.30	Bus passes covered under MAT grant; food and recreation for Bridges clients; client Rx covered under QOL grant
117628	Blomquist Hale Consulting	Personnel	550.08	Wellness/EAP
117629	Sweetwater County Section 125	Payroll Deduction	4,713.26	Payroll Liability
117630	Empower Trust Company, LLC	Payroll Deduction	3,320.00	Payroll Liability
117631	Goldman Sachs 529 Plan	Payroll Deduction	2,000.00	Payroll Liability
117632	NCPERS Wyoming	Payroll Deduction	208.00	Payroll Liability
117633	Wyoming Retirement System	Personnel	106,206.64	Payroll Liability
117634	Aflac	Payroll Deduction	1,015.43	Payroll Liability
117635	Sweetwater County Health Savings Account	Personnel and Payroll Deductions	3,218.73	Payroll Liability
117636	Sweetwater County Claim Fund	Personnel and Payroll Deductions	219,823.55	Payroll Liability
117637	Aflac Group	Payroll Deduction	1,720.89	Payroll Liability
117638	Transamerica	Personnel	2,040.50	Group Life Insurance
117639	Circuit Court Third Judicial District	Payroll Deduction	181.69	Payroll Liability
117640	Circuit Court Third Judicial District	Payroll Deduction	691.24	Payroll Liability

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117641	Ace Hardware	Crisis, Century	13.98	Lithium 3V batteries for thermostats
117642	AdTel International, Inc.	TC, Mental Health	1,495.00	Software & Support License, qty: 1; Software & Support Additional Loc., qty: 2; Full Time Monthly Provider, qty: 14; Part Time Monthly Provider, qty: 5; e-forms FT, qty: 14; e-forms part time, qty: 5; Extreme Part Time; Surveys; 10-DLC
117643	All Pro Storage	Admin	420.00	Monthly storage for units A-8, A-10, & C-3. Temporary additional units C-17 & C-19
117644	Aspen Construction	TC, Recovery, Mental Health, Bridges, Medical, Transitions	1,800.00	11/24-11/27 snow removal
117645	CenturyLink Business Services - Lumen	Mental Health	2,254.06	Business IP, data, and voice service
117646	CNA Surety	Admin	60.00	WY Blanket Notary Errors and Omissions Policy 2/1/25-2/1/26
117647	Copier & Supply	Mental Health, TC, Recovery, Admin., Bridges, Medical	1,744.12	Contract base rate charges for SAVIN/MP copiers
117648	Cowboy Supply House	Admin	40.29	Windsor brush strip for versamatic plus
117649	Crum Electrical Supply	TC, Recovery	1,049.45	Satco light bulbs, qty: 75; electronic ballasts, qty: 18
117650	Cummins Sales and Services	TC, Recovery	675.00	Planned maintenance on engine model GGFD-5708756 (Emergency Generator)
117651	Eagle Uniform & Supply Co.	TC, Recovery, Mental Health	1,006.59	Office rugs maintenance
117652	Electronic Network System	Admin	73.15	EDI Claims; Remittance Advice
117653	Farmers Brothers	TC, Recovery	674.10	House blend coffee, qty: 6
117654	Green River Chamber	Admin	200.00	Chamber membership dues
117655	Green River Star	Admin	116.00	Health & fitness advertisement; Affidavit of Publication regarding November Board Meeting
117656	Hagemann, Andrew	CCBHC, 4-SOR-MAT	4,025.00	Contractual Project Evaluator for CCBHC grant (Dates rendered 11/4-11/27/24)
117657	High Security Lock & Alarm	TC, Recovery	605.00	Annual alarm monitoring 1/18/25-1/17/26
117658	Home Depot- Credit Services	Mental Health, Crisis, Detox, WAP, TC, Duran, Century	1,587.82	General maintenance hardware; tools; JB Weld putty; cordless vinyl blinds; adjustable table; top load washing machine; over the range microwave
117659	JM Electrical Inc.	Transitions	171.10	Replaced faulty thermostat
117660	Kronos	Admin	1,568.25	UKG Ready Time- Timekeeping software
117661	Netsmart Technologies, Inc.	Admin	6,116.33	Document capture maintenance for batch scanning 1/1/25-12/31/25; AMA CPT code subscription 1/1/25-12/31/25

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117662	Philadelphia Insurance Companies	Admin	47,503.25	25% initial payment for Cyber liability, Substance Abuse-Rehabilitations Facilities Umb, Flexi Plus Five, and Substance Abuse Rehabilitation Facilities Package for 11/18/24-11/18/25
117663	Plan One/Architects	WAP, Duran, Bridges, Admin	10,909.28	Construction administration phase billable hours 10/24-12/9/24
117664	Quill LLC	Admin	547.65	Hp 55x hy black toner two-pack
117665	Redwood Toxicology Laboratory, Inc.	Recovery, Crisis, Detox	258.27	Outpatient drug testing 11/4-11/27/24
117666	Reece, Sidney	Admin	3,174.00	Contractual employee
117667	Rocky Mountain Air Solutions	Medical	232.40	Industrial liquid nitrogen delivery
117668	Royal Flush	Prevention	475.00	Suicide prevention bathroom ads for December
117669	SCS	QOL	244.00	Client housing covered under QOL grant
117670	SCS	QOL	4,511.00	Client medical fees covered by QOL Grant
117671	SCS	4-SOR-MAT	1,580.00	Client medical fees covered by 4-SOR-MAT Grant
117672	Shadow Ridge	Sober Living	5,800.00	January rent for recovery clients
117673	Shepard Construction Solutions, LLC	Duran	4,560.00	Labor to move furniture from Duran to WAP
117674	Silver Ridge Village	SIP	6,822.42	January rent and November utilities for SIP apartments
117675	Smyth Printing Inc.	Admin	556.18	Window tint envelope, qty: 5000
116676	Stericycle, Inc.	Medical, TC, Recovery	562.28	Steri-safe subscription 12/1/24-2/28/2025
117677	Swan-Smith, Patricia	Recovery	1,771.90	Contract services rendered 11/18-12/15/24
117678	SweetwaterNOW	Prevention	2,050.00	Adult overconsumption ads for November
117679	Terminix of Wyoming	Mental Health, TC, Recovery, Bridges, Medical, Transitions, Continental, Independence, Crisis, Detox, Duran, WAP, Century,	1,132.00	Quarterly pesticide control
117680	Top-Tech Auto Services	TC	222.15	Replaced battery in Nissan Rogue VIN 56692
117681	University of Utah Medical Center - Psych	Psychiatric	7,387.50	Services rendered from 11/4-11/26/24
117682	Wakefield & Associates LLC	Admin	0.62	Collections payments
117683	Wal-Mart	Century, Duran, WAP, Crisis, Detox, Transitions, Independence, Continental, Admin., Bridges, TC, QOL	3,604.53	Food; cleaning supplies; client Rx; fish tank heaters; consumables
117684	WS Construction LLC	WAP, Admin	20,425.00	HHS 1133 & 1127 bonds/permits/insurance under ARPA
117685	WyoData Security Inc.	Mental Health	115.00	Confidential paper collection and disposal

**Southwest Counseling Service  
December 2024 Check Register**

117686	Wyoming Department of Health	Medical	660.00	Client Lab fees rendered 11/4-11/26/24
117687	Wyolectric, Inc.	Bridges, Medical	606.26	Labor associated with installing new driver for Ankeny light
117688	WyoRadio	Prevention, BHD-Media	1,055.00	Suicide loss advertisements for November
117689	Bramwell, Kimberly	Mental Health	40.00	Employee reimbursements
117690	Brown, Rhonda	TC	201.47	Employee reimbursements
117691	Busenbark, Jamie	Mental Health	299.99	Employee reimbursements
117692	Christensen, Vanessa	Medical	24.78	Employee reimbursements
117693	Coon, Olivia	Admin	9.71	Employee reimbursements
117694	Eardley, Mindy	Recovery	34.84	Employee reimbursements
117695	Gale, Cassie	Medical	2.41	Employee reimbursements
117696	Gatley, Jayda	Prevention	483.80	Employee reimbursements
117697	Gilmore, Stephanie	Recovery	69.68	Employee reimbursements
117698	Gomez, Janell	Mental Health	44.22	Employee reimbursements
117699	Grenier, Dana	Medical	40.00	Employee reimbursements
117700	Haney, Shaelyn	Prevention	76.28	Employee reimbursements
117701	Hoopes, Rae	Admin	78.39	Employee reimbursements
117702	Keith, Kaleb	Admin	28.81	Employee reimbursements
117703	Love, Michal	Child & Adol.	40.00	Employee reimbursements
117704	Miller, Samantha	Mental Health	444.16	Employee reimbursements
117705	Moser, Amy	Admin	40.00	Employee reimbursements
117706	Norton, Krystle	Recovery	109.88	Employee reimbursements
117707	Robbins, Elisa	Mental Health	42.88	Employee reimbursements
117708	Swanson, Stephanie	Recovery	74.75	Employee reimbursements
117709	Wray-Marchetti, Melissa	Admin	40.00	Employee reimbursements
117710	Ascentia Real Estate Holding Company, LLC.	4-SOR-MAT	2,512.63	Client housing for December and January covered under MAT grant
EFTPS	RSNB	Personnel and Payroll Deductions	135,157.09	Payroll Taxes
400049-400055 & Electronic	Salaries	Payroll	444,449.80	Salaries

**\$1,274,904.06**

# **Treasurer's Report**

**December 2024**

**Accounts Receivable Write-Off Request**  
**Self Pay Balances under \$25**  
**December-24**

Balances over \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total                    \$                    -

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**Board Signature**

**Accounts Receivable Write-Off Request  
Self Pay Balances over \$25  
December-24**

Balances over \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total                    \$                    -

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**Board Signature**



**Accounts Receivable Write-Off Request  
Bankruptcy Discharged  
December-24**

Bankruptcy Balances are requested for write-off once received by the agency for dismissal.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total                    \$                    -

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**Board Signature**

**Southwest Counseling Service**

**Balance Sheet**

As of December 31, 2024

<b>ASSETS</b>	
Current Assets	
Checking/Savings	
1020 · General Operating Account	904,301.27
1031 · Commerce Bank- Cash Reserve	<u>1,109,603.19</u>
Total Checking/Savings	<u>2,013,904.46</u>
Total Current Assets	<u>2,013,904.46</u>
<b>TOTAL ASSETS</b>	<u><u>2,013,904.46</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	
2124 · FNBO Michal Love	<u>-6.00</u>
Total Credit Cards	<u>-6.00</u>
Total Current Liabilities	<u>-6.00</u>
Total Liabilities	<u>-6.00</u>
Equity	
32000 · Unrestricted Net Assets	2,138,251.87
Net Income	<u>-124,341.41</u>
Total Equity	<u>2,013,910.46</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>2,013,904.46</u></u>

The Balance Sheet provides the assets and liabilities for the specific point in time of December 31, 2024. The total cash assets are \$2,013,904.46. The previous month's total cash was \$2,353,117.82, a decrease in cash in the amount of \$339,213.36 from the previous month. The year to date expenditures through December 31, 2024 total \$8,106,205.30. The average cost per day of operations is consistent with the previous months at \$44,055.46 from the previous month at \$44,641.78. Liabilities as of December, 2024 total -\$6.00. This is due to a refund on a credit card. Based upon all cash balances, SCS is currently at 46 days of cash on hand, a decrease of seven days on hand from November.

<b>FY 2025 Accounts Receivable Report</b>						<b>AR by Days Aging</b>				
<b>Dec-24</b>										
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	0	30	60	90	120
Self Pay	\$ 239,242.34	\$ 69,647.43	\$ (37,601.89)	\$ (34,595.41)	\$ 236,692.47	\$ 36,895.04	\$ 9,113.49	\$ 8,126.71	\$ 3,764.01	\$ 178,793.22
Insurance	282,612.00	98,589.14	(65,943.82)	(62,898.88)	252,358.44	92,126.00	41,609.42	21,552.97	18,321.00	78,749.05
Medicaid	145,149.55	37,651.74	(43,159.58)	(8,170.67)	131,471.04	34,947.11	15,942.46	14,795.61	12,383.46	53,402.40
Medicare	21,928.60	10,445.00	(7,120.42)	508.52	25,761.70	9,240.00	11,960.00	1,211.76	376.75	2,973.19
EAP	13,095.16	4,546.33	(1,371.35)	(1,739.48)	14,530.66	2,540.00	3,676.33	3,031.33	1,623.00	3,660.00
Client Contracts	42,998.34	9,636.17	(8,731.50)	(3,062.89)	40,840.12	1,428.00	8,893.21	10,800.04	12,184.19	7,534.68
Collection	1,571,784.27	26,784.14	(1,512.31)	(2,144.95)	1,594,911.15	-	233.00	506.17	452.52	1,593,719.46
State Contracts	755,967.99	587,428.31	(712,211.93)	80,265.62	711,449.99	348,076.83	87,932.54	81,117.53	59,719.73	134,603.36
Cancellation/No Show	20,191.99	810.00	(226.00)	(70.00)	20,705.99	780.00	749.00	783.00	660.00	17,733.99
<b>Total</b>	<b>\$ 745,025.99</b>				<b>\$ 701,654.43</b>	<b>\$ 177,176.15</b>	<b>\$ 91,194.91</b>	<b>\$ 59,518.42</b>	<b>\$ 48,652.41</b>	<b>\$ 325,112.54</b>

<b>Nov-24</b>						<b>AR by Days Aging</b>				
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	0	30	60	90	120
Self Pay	\$ 257,085.19	\$ 41,115.57	\$ (30,910.53)	\$ (28,047.89)	\$ 239,242.34	\$ 18,061.69	\$ 7,888.29	\$ 4,540.27	\$ 1,703.78	\$ 207,048.31
Insurance	271,412.57	94,022.43	(35,605.76)	(47,217.24)	282,612.00	90,486.05	71,608.06	28,815.00	25,525.81	66,177.08
Medicaid	129,236.95	42,771.26	(27,727.26)	868.60	145,149.55	41,205.39	26,539.76	13,895.27	12,107.63	51,401.50
Medicare	12,760.68	13,438.36	(6,168.29)	1,897.85	21,928.60	12,550.00	6,334.97	705.44	985.75	1,352.44
EAP	18,799.32	5,356.33	(3,672.99)	(7,387.50)	13,095.16	4,416.33	2,982.50	1,966.33	675.00	3,055.00
Client Contracts	52,423.78	9,482.32	(8,558.12)	(10,349.64)	42,998.34	8,811.54	3,089.21	11,873.53	12,443.41	6,780.65
Collection	1,550,279.59	39,855.12	(665.89)	(17,684.55)	1,571,784.27	-	84.00	393.58	430.25	1,570,876.44
State Contracts	770,149.13	642,921.27	(1,054,287.92)	397,185.51	755,967.99	390,425.24	111,543.57	75,844.62	70,685.11	107,469.45
Cancellation/No Show	19,264.39	920.00	(295.00)	302.60	20,191.99	842.00	854.00	670.00	580.00	17,245.99
<b>Total</b>	<b>\$ 741,718.49</b>				<b>\$ 745,025.99</b>	<b>\$ 175,531.00</b>	<b>\$ 118,442.79</b>	<b>\$ 61,795.84</b>	<b>\$ 53,441.38</b>	<b>\$ 335,814.98</b>

<b>Changes from Previous Month</b>					
	Charges	Payments	Adjustments	Ending Balance	
Self Pay	\$ 28,531.86	\$ (6,691.36)	\$ (6,547.52)	\$ (2,549.87)	
Insurance	\$ 4,566.71	\$ (30,338.06)	\$ (15,681.64)	\$ (30,253.56)	
Medicaid	\$ (5,119.52)	\$ (15,432.32)	\$ (9,039.27)	\$ (13,678.51)	
Medicare	\$ (2,993.36)	\$ (952.13)	\$ (1,389.33)	\$ 3,833.10	
EAP	\$ (810.00)	\$ 2,301.64	\$ 5,648.02	\$ 1,435.50	
Client Contracts	\$ 153.85	\$ (173.38)	\$ 7,286.75	\$ (2,158.22)	
<b>Amount Increase/Decrease</b>	<b>\$ 24,329.54</b>	<b>\$ (51,285.61)</b>	<b>\$ (19,722.99)</b>	<b>\$ (43,371.56)</b>	

The total outstanding balance for amounts owed to Southwest Counseling Service for December 2024 is \$701,654.43. The receivables decreased from the previous month due to higher payments from Insurance and Medicaid. The total receivables excludes Collection, State Contracts, and Cancellation/No show fees.

**Southwest Counseling Service  
Revenues FY25**

50%

State Contracts	FY25 Budget	Dec-24	% Month	YTD	%YTD	Difference
<b>Outpatient Services</b>						
MH - Outpatient	\$ 1,038,642.78	\$ 52,145.18	5%	\$ 697,120.00	67%	\$ (341,522.78)
MH - CARF	14,015.00	305.78	2%	7,032.68	50%	(6,982.32)
MH- Direct Care Salaries	182,343.00	13,408.11	7%	158,245.96	87%	(24,097.04)
MH- Emergency Services	29,218.00	2,862.80	10%	18,290.67	63%	(10,927.33)
MH- Regional Med. Management	133,729.00	2,917.72	2%	67,104.82	50%	(66,624.18)
MH- Regional Nursing Support	41,291.00	900.89	2%	20,719.69	50%	(20,571.31)
MH- Regional Early Intervention	53,302.00	1,162.95	2%	26,746.78	50%	(26,555.22)
MH- ESMI	56,277.73	5,289.20	9%	38,128.33	68%	(18,149.40)
MH- Jail Based Services	50,000.00	1,090.91	2%	25,089.87	50%	(24,910.13)
SA - Outpatient	606,870.00	35,647.59	6%	382,408.26	63%	(224,461.74)
SA - Direct Care Salaries	313,899.00	10,710.58	3%	150,285.78	48%	(163,613.22)
SA - CARF	6,100.00	133.09	2%	2,646.16	43%	(3,453.84)
SA - HB 308	454,450.00	9,915.27	2%	197,139.58	43%	(257,310.42)
MH & SA- Peer Specialist	90,000.00	1,963.64	2%	42,101.81	47%	(47,898.19)
CCRS	208,800.00	4,555.64	2%	104,775.27	50%	(104,024.73)
MH - LT Group Home -Sweetwater	632,675.31	44,518.45	7%	348,351.10	55%	(284,324.21)
MH - LT Group Home - Uinta	517,643.44	28,345.55	5%	279,742.63	54%	(237,900.81)
SOR- Medication Assisted Treatment	483,000.00	54,800.00	11%	379,543.00	79%	(103,457.00)
SA - Peer Review	2,500.00	-	0%	-	0%	(2,500.00)
Mitigation	1,830.00	-	0%	-	0%	(1,830.00)
<b>CCBHC</b>						
CCBHC	1,000,000.00	82,543.47	8%	559,796.95	56%	(440,203.05)
<b>Regional Services - MH</b>						
MH- Transitional Grp - Sweetwater	438,588.46	29,224.61	7%	299,527.89	68%	(139,060.57)
MH - SIP- Sweetwater	155,302.06	9,212.25	6%	95,105.31	61%	(60,196.75)
MH- SIP- Uinta County	207,069.41	9,922.58	5%	114,956.40	56%	(92,113.01)
MH- Transitional Grp - Uinta	389,856.40	25,337.94	6%	206,610.13	53%	(183,246.27)
MH - Sub-Acute Crisis Residential	397,917.00	18,066.54	5%	229,073.23	58%	(168,843.77)
MH - Sub-Acute Crisis Residential Uinta	79,583.00	11,611.64	15%	72,576.90	91%	(7,006.10)
<b>Regional Services - SA</b>						
SA - Residential	2,241,069.28	154,409.18	7%	1,371,872.79	61%	(869,196.49)
SA- Residential Women and Children	703,347.15	35,845.75	5%	377,367.54	54%	(325,979.61)
SA- Transitional (SL)	199,290.49	21,761.46	11%	128,987.20	65%	(70,303.29)
SA- Detox	136,417.08	2,976.37	2%	80,322.23	59%	(56,094.85)
<b>Quality of Life</b>						
MH - Quality of Life	102,730.00	6,399.00	6%	48,123.00	47%	(54,607.00)
SA- Quality of Life	23,680.00	1,718.00	7%	23,462.00	99%	(218.00)
<b>General Funds</b>						
County	650,488.00	56,917.67	9%	341,506.02	52%	(308,981.98)
Client Fees	370,000.00	27,445.46	7%	135,708.54	37%	(234,291.46)
Insurance	631,305.00	60,082.48	10%	281,258.36	45%	(350,046.64)
Medicaid	557,825.00	43,159.58	8%	182,889.56	33%	(374,935.44)
Medicare	44,325.00	7,158.30	16%	20,441.70	46%	(23,883.30)
EAP	61,375.00	1,371.35	2%	13,188.83	21%	(48,186.17)
DFS	5,000.00	-	0%	1,422.74	28%	(3,577.26)
DVR/DDS	2,000.00	-	0%	1,121.50	56%	(878.50)
Medical Service Fees	112,000.00	1,697.87	2%	15,566.40	14%	(96,433.60)
Food Stamps	99,520.00	11,059.52	11%	37,434.67	38%	(62,085.33)
<b>Grants and Contracts</b>						
General Contracts	110,500.00	6,276.00	6%	43,207.63	39%	(67,292.37)
Treatment Court	82,800.00	6,900.00	8%	20,700.00	25%	(62,100.00)
Federal Probation	4,000.00	-	0%	-	0%	(4,000.00)
County Prevention	243,229.00	-	0%	86,192.73	35%	(157,036.27)
ARPA Capital Construction	1,780,217.00	-	0%	152,729.92	9%	(1,627,487.08)
VOA BHR	270,000.00	-	0%	-	0%	(270,000.00)
<b>Miscellaneous Funds</b>						
Operations Carryover	2,900,000.00	-	0%	2,900,000.00	100%	-
Reserve	1,383,095.50	-	0%	1,383,095.50	100%	-
Interest Earned	22,000.00	2,003.55	9%	13,134.70	60%	(8,865.30)
Commissary Funds	5,700.00	466.31	8%	2,641.88	46%	(3,058.12)
Miscellaneous	15,000.00	32,559.79	217%	79,464.75	530%	64,464.75
<b>Total Revenues</b>	<b>\$ 16,058,720.59</b>	<b>\$ 936,800.02</b>	<b>6%</b>	<b>\$ 12,264,959.39</b>	<b>76%</b>	<b>\$ (3,793,761.20)</b>
<b>Total Revenue excluding carryover</b>	<b>\$ 20,341,816.09</b>			<b>\$ 7,981,863.89</b>	<b>39%</b>	

Personnel	FY25 Budget	Dec-24	% Month	YTD	%YTD	Difference
Salaries	\$ 7,918,379.34	\$ 574,972.94	7%	\$ 3,640,767.55	46%	(4,277,611.79)
FICA	685,470.00	40,683.34	6%	262,589.68	38%	(422,880.32)
Wyoming Retirement	1,203,450.00	106,206.64	9%	666,408.85	55%	(537,041.15)
Health Insurance	2,138,440.00	194,093.92	9%	1,174,136.54	55%	(964,303.46)
Life Insurance	35,700.00	4,082.48	11%	24,521.50	69%	(11,178.50)
Worker's Compensation	49,000.00	4,407.83	9%	27,518.05	56%	(21,481.95)
Unemployment	25,000.00	-	0%	13,903.22	56%	(11,096.78)
Wellness	13,580.00	792.25	6%	4,985.58	37%	(8,594.42)
Background Check	11,010.00	186.00	2%	4,888.57	44%	(6,121.43)
Contracts	513,000.00	57,841.09	11%	296,739.65	58%	(216,260.35)
Contract- Transitional Grp - Uinta	389,856.40	20,555.46	5%	181,413.91	47%	(208,442.49)
Contract - SIP Uinta County	207,069.41	10,991.76	5%	109,451.69	53%	(97,617.72)
Contract - Sub-Acute Crisis Stabilization	79,583.00	9,299.61	12%	56,555.51	71%	(23,027.49)
Contract - LT Group Home - Uinta	517,643.44	33,485.00	6%	271,055.38	52%	(246,588.06)
Consultation	10,000.00	-	0%	6,542.50	65%	(3,457.50)
Recruitment	8,225.00	318.22	4%	1,932.16	23%	(6,292.84)
Travel/Vehicle Expenses						
Travel-Mileage Reimbursement	12,000.00	764.90	6%	4,826.42	40%	(7,173.58)
Vehicle Fuel	28,300.00	1,893.69	7%	10,195.38	36%	(18,104.62)
Vehicle Maintenance	16,000.00	222.15	1%	6,990.88	44%	(9,009.12)
Conference and Seminar Travel	22,600.00	1,528.97	7%	10,543.74	47%	(12,056.26)
Training	30,000.00	5,205.69	17%	26,339.78	88%	(3,660.22)
Operating						
Supplies	164,748.00	6,618.21	4%	57,935.42	35%	(106,812.58)
Food	235,295.00	19,390.02	8%	133,115.93	57%	(102,179.07)
Rent	113,400.00	15,146.63	13%	75,168.37	66%	(38,231.63)
Utilities	192,454.00	18,081.38	9%	110,368.64	57%	(82,085.36)
Insurance- G&P/ Vehicles	160,590.00	47,563.25	30%	47,688.25	30%	(112,901.75)
Advertising	35,500.00	3,715.00	10%	47,005.64	132%	11,505.64
Books/Magazines/Video	4,000.00	64.97	2%	1,874.44	47%	(2,125.56)
Client/Insurance Refund	3,000.00	-	0%	1,011.05	34%	(1,988.95)
Computer Hardware	86,000.00	-	0%	806.01	1%	(85,193.99)
Computer Software	475,505.00	9,252.73	2%	295,821.34	62%	(179,683.66)
Computer Maintenance	10,000.00	547.65	5%	2,530.13	25%	(7,469.87)
Computer Communication	57,000.00	3,178.20	6%	19,082.49	33%	(37,917.51)
Equipment	118,220.00	721.27	1%	17,253.40	15%	(100,966.60)
Leased Equipment	50,000.00	4,566.58	9%	25,060.31	50%	(24,939.69)
Maintenance	182,400.00	13,059.27	7%	58,054.19	32%	(124,345.81)
Postage	12,250.00	1,009.75	8%	5,112.54	42%	(7,137.46)
Cleaning Supplies	18,205.00	526.45	3%	6,805.98	37%	(11,399.02)
Telephone	74,000.00	10,136.44	14%	86,431.61	117%	12,431.61
Testing and Materials	20,000.00	-	0%	4,297.00	21%	(15,703.00)
Drug Testing	25,000.00	948.27	4%	12,048.31	48%	(12,951.69)
Client Medical	175,000.00	5,008.00	3%	38,844.41	22%	(136,155.59)
Client Rx	15,000.00	5,742.94	38%	42,199.49	281%	27,199.49
APRN Medical Lab Fees	20,000.00	660.00	3%	7,496.71	37%	(12,503.29)
Recreation	3,850.00	257.96	7%	1,823.87	47%	(2,026.13)
Membership Dues	30,000.00	200.00	1%	1,787.00	6%	(28,213.00)
Collection Agency	2,000.00	0.62	0%	456.22	23%	(1,543.78)
CARF	20,115.00	-	0%	1,095.00	5%	(19,020.00)
MH Quality of Life						
Medical	55,030.00	4,824.16	9%	27,673.49	50%	(27,356.51)
Emergency Subsistence	3,200.00	318.70	10%	2,091.51	65%	(1,108.49)
RX	15,000.00	3,084.91	21%	16,250.71	108%	1,250.71
Housing	5,100.00	248.68	5%	497.48	10%	(4,602.52)
Transportation	15,400.00	64.00	0%	1,044.99	7%	(14,355.01)
Recreation	1,000.00	-	0%	-	0%	(1,000.00)
Community Center	8,000.00	-	0%	-	0%	(8,000.00)
Regional Quality of Life						
Regional Quality of Life	23,680.00	964.88	4%	9,529.83	40%	(14,150.17)
Miscellaneous Expenses						

Finance Charge	2,000.00	-	0%	-	0%	(2,000.00)
Credit Card Fees	20,000.00	1,109.32	6%	5,977.66	30%	(14,022.34)
Other Expenses	32,255.00	136.92	0%	8,199.47	25%	(24,055.53)
Debt Service/Capital Maintenance						
Capital	830,000.00		0%	5,069.82	1%	(824,930.18)
ARPA Funding Capital Projects	3,113,312.50	31,334.28	1%	126,390.05	4%	(2,986,922.45)
<b>Total Expenses</b>	<b>\$ 20,341,816.09</b>	<b>\$ 1,276,013.38</b>	<b>6%</b>	<b>\$ 8,106,205.30</b>	<b>40%</b>	<b>(12,235,610.79)</b>

**Southwest Counseling Service**  
**Amended January 2025 Check Register**

Check No.	Vendor	Program	Check Amt.	Description
117711	Amazon	Admin., Duran, Century, WAP, Crisis, Detox, Prevention, TC, Bridges	\$ 544.02	Date stamp; mini ceramic space heater; paper supplies; calendar; cleaning supplies; hair nets
117712	Century Link	TC, Recovery	121.96	Monthly telephone service 12/25-1/24/25
117713	FedEx	Admin	85.85	Priority overnight shipping
117714	Kum&Go Fleet	Independence, Transitions, Recovery, Crisis, Detox, Duran, Century, Continental, Admin., WAP, TC, Prevention	1,548.30	Fuel for SCS vehicles
117715	LocumTenens	Psychiatric	4,480.83	Services Rendered From 12/17-12/19/24
117716	Verizon Wireless	Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical, Emergency, Independence, Duran, WAP, Continental, Transitions	911.22	Residential homes, agency phones, and notebook line access monthly charges- 10/16-11/15/24
117717	Western Star Communications LLC	Mental Health, TC	289.00	Business answering service and transaction usage for January 2025
117718	White Mountain Water & Sewer District	WAP, Duran	462.58	Water and sewer reading from 11/15-12/16/24
117719	Wyo Waste	Century, Continental, Independence, Crisis, Detox, Bridges, Medical, TC, Recovery, Transitions, Mental Health, Duran, WAP, Child & Adol.	2,294.51	Monthly waste collection 1/1/25-3/31/25
117720	First Bankcard	QOL, Admin., Mental Health, TC, Recovery, Transitions, 4-SOR-MAT, SA-QOL, Prevention, Duran, Bridges, WAP	11,931.97	Client Rx covered under QOL grant; client Rx covered under MAT grant; vehicle fuel; vehicle maintenance; employee continuing education workshop subscription; recruitment; employee CPR training; advertisement for special board meeting; client housing covered under recovery support grant; Uptodate medical subscription; 1099-Misc & 1099-Nec forms; client transportation covered under QOL grant; backgrounds on potential employees; stop the bleed training kit; Casper Star Tribune subscription; WIX social media domain subscription for Prevention; moving boxes; MaintainX computer software subscription, qty: 3
117721	Insurance Information Exchange	Recovery, TC, Independence, Admin., Transitions, Bridges, Crisis	251.27	Motor vehicle reports
117722	Pioneer Counseling	Admin	46,510.70	December bed days

**Southwest Counseling Service**  
**Amended January 2025 Check Register**

117723	All West Communications	Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence	3,178.20	Business internet service 1/1-1/31/25
117724	Altitude Analysis	Admin	85.00	Background testing for potential employee
117725	Century Link	TC, Recovery, Mental Health, Bridges, Medical	317.78	Monthly telephone service 1/7-2/6/25
117726	CenturyLink Business Services - Lumen	TC, Recovery, Admin., Bridges, Medical, Mental Health	3,143.44	Business IP, data, and voice service
117727	Leaf Prior SVC By TimePayment	Bridges, Mental Health	120.00	Monthly water system
117728	McKesson Medical-Surgical, Inc.	Medical	54.39	Benzoin tincture
117729	Nicholas & Company	Century, Duran, WAP, Bridges	7,402.41	Food and paper supplies
117730	Pain Care Center	4-SOR-MAT, QOL	5,373.00	MAT and QOL services for clients. Paid for by MAT and QOL grant
117731	Pitney Bowes Purchase Power	TC, Recovery	502.25	Meter refill- SN-0378038
117732	RMP- Rocky Mountain Power	Child & Adol., Century, Duran, WAP, Mental Health, Transitions, Sober Living, SIP, Continental, Crisis, Detox, Independence	3,890.41	Monthly energy and power readings ending 1/8/25
117733	RS Municipal Utility	Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol.	2,910.82	Monthly water and sewer readings 11/26-12/26/24
117734	Petty Cash	4-MAT, Continental, Transitions, Independence, SAQOL, Admin	334.37	Bus passes covered under MAT grant; food and recreation for Bridges clients; client transportation covered under SAQOL grant
117735	Smiths	4-SOR-MAT, QOL, WAP, Century, Duran	8,190.17	Client RX; med room supplies
117736	U.S. Bank	TC, Recovery	1,474.49	Leased copy/printers
117737	Wal-Mart	Transitions, Crisis, Detox, Continental, Bridges, Independence, Century, WAP, TC, Duran, Mental Health, Recovery	9,152.29	Food; cleaning supplies; client Rx & medical covered under QOL grant; agency Christmas trees; hygiene and commissary supplies; housing supplies for Sober Living clients; underwear and pajamas for clients; Shark Navigator vacuum; salt & pepper shakers; hand mixer; cookie sheet
117738	Enbridge Gas	WAP, Century, Child & Adol., Duran, Mental Health	2,524.58	Monthly gas service ending 1/13/25
117739	RMP- Rocky Mountain Power	TC, Recovery, Bridges, Medical	3,419.13	Monthly energy and power readings ending 1/10/25
117740	Ace Hardware	Child & Adol.	355.91	General maintenance hardware; drain cleaner; mesh gate; voltage tester



**Southwest Counseling Service**  
**Amended January 2025 Check Register**

117741	AdTel International, Inc.	TC, Mental Health	1,495.00	Software & Support License, qty: 1; Software & Support Additional Loc., qty: 2; Full Time Monthly Provider, qty: 14; Part Time Monthly Provider, qty: 5; e-forms FT, qty: 14; e-forms part time, qty: 5; Extreme Part Time; Surveys; 10-DLC
117742	All Pro Storage	Admin	420.00	Monthly storage for units A-8, A-10, & C-3. Temporary additional units C-17 & C-19
117743	Amazon	Crisis, Detox, Transitions, Independence, Continental, Century, Duran, TC, WAP, Admin	1,288.71	55-60 gallon trash bags; cleaning supplies; women's hygiene products; white noise machine for children; 2024 W-2 forms; craft supplies for groups
117744	Aspen Construction	TC, Recovery, Mental Health, Bridges, Medical, Transitions, Child & Adol.	1,980.00	12/27-12/28/24 snow removal; refrigerator water supply line leaking at Transitions- installed braided lines
117745	CNA Surety	Admin	345.00	WY Dishonesty B Counseling Service Bond #58197764 2/10/25-2/10/26
117746	Community Marketing Partnership / Hero News Network	Recovery, Mental Health	499.00	Victory display news channel venue for 12 months; 12 month directory listing; network venue; one-third portrait custom advertisement
117747	Copier & Supply	Mental Health, TC, Recovery, Admin., Bridges, Medical	2,084.11	Contract base rate charges for SAVIN/MP copiers
117748	Eagle Uniform & Supply Co.	TC, Recovery, Mental Health	445.32	Office rugs maintenance
117749	Ecolab Inc.	TC, Recovery	1,227.68	Pathways drain treat 2.5 gallons, qty: 4
117750	Electronic Network System	Admin	100.79	EDI Claims; remittance advice
117751	Evolve Technologies LLC	TC, Recovery, Bridges, Medical, Mental Health	1,800.00	System engineer labor associated with RingCentral number transfers, fax set up, and trainings from 7/31-12/3/24
117752	Farmers Brothers	TC, Recovery	893.80	House blend coffee, qty: 8
117753	Green River Star	Admin	80.00	Health & fitness advertisement; Affidavit of Publication regarding November Board Meeting
117754	Hazelden Publishing	Recovery	373.94	Outpatient group medallions, qty: 105 (Change the Sails Recovery, Dual Disorders, Free to Breath, Life is Journey, Powerless but not Helpless, Praying Hands, and That my Soul May Soar)
117755	High Security Lock & Alarm	Mental Health	105.00	Service call to repair alarm system
117756	Home Depot- Credit Services	Admin., Duran, Child & Adol., Bridges, Century, WAP	1,312.46	General maintenance hardware; tools; gloves; moving boxes; tape; sink stoppers; keyrings; furnace filter, qty: 24; 6 tier storage
117757	John Paras Furniture	Duran	889.95	Upright freezer

**Southwest Counseling Service**  
**Amended January 2025 Check Register**

117758	Kimberly Circle Apartments	4-SOR-MAT	810.00	Client housing covered under recovery supports grant
117759	Kronos	Admin	1,568.25	UKG Ready Time- Timekeeping software
117760	LocumTenens	Psychiatric	20,083.73	Services Rendered From 12/9-1/9/25
117761	Netsmart Technologies, Inc.	Psychiatric	100.00	Hard Token for prescribers
117762	Nicholas & Company	Century, Duran, WAP, Bridges	1,838.03	Food for residential clients
117763	Philadelphia Insurance Companies	Admin	15,839.43	Monthly installment 1 of 9 for Cyber liability, Substance Abuse-Rehabilitations Facilities Umb, Flexi Plus Five, and Substance Abuse Rehabilitation Facilities Package for 11/18/24-11/18/25
117764	Pioneer Counseling	Admin	26,054.24	1/11th payment for January
117765	Plan One/Architects	WAP, Duran, Bridges, Admin	5,252.37	Construction administration phase billable hours 12/24-1/9/25
117766	Quill LLC	Mental Health	2,659.26	Hp 89Y black toner, qty: 4; Hp 55X hy black toner two-pack, qty: 2
117767	Redwood Toxicology Laboratory, Inc.	Recovery	1,985.43	iCups for drug and alcohol testing, qty: 250
117768	Reece, Sidney	Admin	4,163.00	Contractual employee
117769	Refresh Design Studio	Admin	218.75	November and December web maintenance
117770	RingCentral Inc.	Admin	136.77	Purchase of an additional local number
117771	Rock Springs Chamber of Commerce	Admin	640.50	Annual Chamber Membership
117772	Rocky Mountain Air Solutions	Medical	116.20	Industrial liquid nitrogen delivery
117773	SCS	QOL	756.00	Client health and medical covered under QOL grant
117774	SCS	QOL	5,596.00	Client medical fees covered by QOL Grant
117775	SCS	4-SOR-MAT	146.00	Client medical fees covered by 4-SOR-MAT grant
117776	Shadow Ridge	Sober Living	5,800.00	February rent for recovery clients
117777	Silver Ridge Village	SIP	6,780.12	February rent and December utilities
117778	Swan-Smith, Patricia	Recovery	2,265.40	Contract services rendered 12/16-1/14/25
117779	Sweetwater County District Board of Health	Admin	50.00	Tuberculosis blood test
117780	SweetwaterNOW	Prevention	2,050.00	Adult overconsumption ads for December
117781	Top-Tech Auto Services	WAP	574.44	Replaced blower motor, resistor, and new blinker bulb in 2009 Chevy Express, VIN: 80407
117782	Uline	Bridges, Medical, TC, Recovery, Mental Health	553.46	Antibacterial foam soap, qty: 32

**Southwest Counseling Service**  
**Amended January 2025 Check Register**

117783	University of Utah Medical Center - Psych	Psychiatric	7,956.25	Services rendered from 12/2-12/30/24
117784	Uprise Health	Admin	2,280.00	Unlimited Subscription (ASI-MV, BHI-M, CHAT) 2/6/25-2/5/2026, estimated 300 uses.
117785	Upslope Media LLC	Admin	2,970.00	Star Stadium 11 Subscription beginning 2/1/25
117786	Vaughn's Plumbing & Heating Co	Duran	955.00	Replaced expansion tank and safety relief valve that was causing leaks
117787	WyoData Security Inc.	Mental Health, TC, Recovery	460.00	Confidential paper collection and disposal
117788	WyoRadio	Prevention, BHD-Media	1,055.00	Adult overconsumption ads for December
117789	Client Refund	Recovery	140.00	Refund due to overpayment on account
117790	Bramwell, Kimberly	Mental Health	40.00	Employee reimbursements
117791	Brown, Rhonda	TC	134.96	Employee reimbursements
117792	Coon, Olivia	Admin	10.15	Employee reimbursements
117793	Gatley, Jayda	Prevention	38.76	Employee reimbursements
117794	Gomez, Janell	Mental Health	50.41	Employee reimbursements
117795	Grenier, Dana	Medical	40.00	Employee reimbursements
117796	Haney, Shaelyn	Prevention	47.47	Employee reimbursements
117797	Keith, Kaleb	Admin	63.13	Employee reimbursements
117798	McKenzie, Riley	Mental Health	24.09	Employee reimbursements
117799	Moser, Amy	Admin	40.00	Employee reimbursements
117800	Norton, Krystle	Recovery	107.60	Employee reimbursements
117801	Schmid-Pizzato, Laura	TC	197.05	Employee reimbursements
117802	Scott, Julie	Mental Health	14.00	Employee reimbursements
117803	Swanson, Stephanie	Recovery	49.00	Employee reimbursements
117804	Wray-Marchetti, Melissa	Admin	40.00	Employee reimbursements
117805	Christensen, Vanessa	Medical	15.68	Employee reimbursements
117806	Pitney Bowes Purchase Power	TC, Recovery	200.00	Meter Refill SN-133708
117807	Enbridge Gas	Sober Living, SIP, Continental, Bridges, Medical, TC, Recovery, Independence, Crisis, Detox, Transitions, Admin	4,325.99	Monthly gas service ending 1/15/25
117808	Andrew Hagemann	CCBHC	3,115.00	Contractual Project Evaluator for CCBHC grant (Dates rendered 11/4-11/27/24)
117809	Redwood Toxicology Laboratory, Inc.	WAP, Recovery, Crisis, Detox, Century	436.91	Outpatient drug testing 12/3-12/31/24
117810	US Standard Products	Admin	1,413.91	Antibacterial hand soap; snow & ice melt
117811	Wyoming Department of Health	Medical	525.00	Client Lab fees rendered 12/2-12/30/24
117812	Ward, Jeremiah	Century	58.92	Employee reimbursements
117813	Hunter Family Medical Clinic P.C.	Medical	1,724.21	Client lab fees
117814	CDW Government	Mental Health	4,506.00	3 year advanced security firewall
117815	Change Companies	Recovery	92.50	Into Action workbooks, qty: 50

**Southwest Counseling Service**  
**Amended January 2025 Check Register**

117816	Farmers Brothers	TC, Recovery	674.10	House blend coffee, qty: 6
117817	Blomquist Hale Consulting	Personnel	550.08	Wellness/EAP
117818	Sweetwater County Section 125	Payroll Deduction	5,239.08	Payroll Liability
117819	Empower Trust Company, LLC	Payroll Deduction	4,020.00	Payroll Liability
117820	Goldman Sachs 529 Plan	Payroll Deduction	2,000.00	Payroll Liability
117821	NCPERS Wyoming	Payroll Deduction	208.00	Payroll Liability
117822	Wyoming Retirement System	Personnel	122,362.69	Payroll Liability
117823	Sweetwater County Health Savings Account	Personnel and Payroll Deductions	3,579.73	Payroll Liability
117824	Sweetwater County Claim Fund	Personnel and Payroll Deductions	235,733.00	Payroll Liability
117825	Aflac Group	Payroll Deduction	1,963.98	Payroll Liability
117826	Transamerica	Personnel	2,040.50	Group Life Insurance
117827	Circuit Court Third Judicial District	Payroll Deduction	814.71	Payroll Liability
117828	Circuit Court Third Judicial District	Payroll Deduction	823.37	Payroll Liability
117829	Top-Tech Auto Services	Crisis, Detox, Century, Duran, TC, Transitions, Continental	5,119.02	Replaced power steering pump and pulley and changed oil on Yukon, Vin: 206409; oil change on 2010 Chevy Express, Vin: 57308; oil change on 2006 Chevy Express, Vin: 59748; replaced water pump, thermostat, cabin air filter, actuator, and flushed coolant on 2007 Chevy Impala, VIN 65797; replaced valve cover gasket, transmission cooler line, water pump, water outlet gasket, drive belt, and changed oil on 2007 Impala, Vin 61373; oil change on 2020 Chevy Express, Vin: 10085; oil change on 2017 Chevy Express, Vin: 00580
EFTPS	Aspire	Payroll Deduction	2,583.00	Payroll Liability
EFTPS	RSNB	Personnel and Payroll Deductions	166,918.78	Payroll Taxes
400056 - 400063 & Electronic	Salaries	Payroll	528,610.94	Salaries

**\$1,359,606.96**

# Reports

## FY25 Drawdown of Residential Funding

\*Based on FY24 Funding Levels

Goal is 8.33%/mo

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	FY25 YTD
<b>Total SUD</b>	<b>70 beds</b>						<b>\$ 1,968,074.40</b>
<b>Bed Days Provided:</b>	<b>1785</b>	<b>1924</b>	<b>1826</b>	<b>1615</b>	<b>1753.5</b>	<b>1610</b>	<b>10513.5</b>
Provided:	\$ 165,800.84	\$ 187,356.80	\$ 190,470.98	\$ 159,089.18	\$ 179,084.97	\$ 146,337.48	\$ 1,028,140.25
YTD Provided:	\$ 165,800.84	\$ 353,157.64	\$ 543,628.62	\$ 702,717.80	\$ 881,802.77	\$ 1,028,140.25	
\$ Needed per Month:	\$ 164,006.20	\$ 164,006.20	\$ 164,006.20	\$ 164,006.20	\$ 164,006.20	\$ 164,006.20	\$ 939,934.15
Deficit/Overage:	\$ 1,794.64	\$ 23,350.60	\$ 26,464.78	\$ (4,917.02)	\$ 15,078.77	\$ (17,668.72)	
Monthly Utilization:	101.09%	114.24%	116.14%	97.00%	109.19%	89.23%	52.24%
YTD Utilization:	101.09%	107.67%	110.49%	107.12%	107.53%	104.48%	

SUD Rates	
SUD Residential	\$ 125.00
Social Detox	\$ 141.10
Sober Living	\$ 30.82

Total MH								32 beds	\$ 735,939.50
<b>Bed Days Provided:</b>	<b>731</b>	<b>749</b>	<b>773</b>	<b>856</b>	<b>856</b>	<b>842</b>	<b>4807</b>		
Provided:	\$ 42,740.40	\$ 43,076.10	\$ 45,225.44	\$ 51,792.68	\$ 51,792.68	\$ 50,207.96	\$ 284,835.26		
YTD Provided:	\$ 42,740.40	\$ 85,816.50	\$ 131,041.94	\$ 182,834.62	\$ 234,627.30	\$ 284,835.26			
\$ Needed per Month:	\$ 61,328.29	\$ 61,328.29	\$ 61,328.29	\$ 61,328.29	\$ 61,328.29	\$ 61,328.29	\$ 451,104.24		
Deficit/Overage:	\$ (18,587.89)	\$ (18,252.19)	\$ (16,102.85)	\$ (9,535.61)	\$ (9,535.61)	\$ (11,120.33)			
Monthly Utilization:	69.69%	70.24%	73.74%	84.45%	84.45%	81.87%	38.70%		
YTD Utilization:	69.69%	69.96%	71.22%	74.53%	76.52%	77.41%			

MH Rates	
Transitional	\$ 83.10
Long Term	\$ 73.48
SIP	\$ 22.06

\$ 240.75 \$ 240.75 \$ 240.75 \$ 240.75 \$ 240.75 \$ 240.75

Sub-Acute								5 beds	\$ 238,750.20
<b>Bed Days Provided:</b>	<b>59</b>	<b>74</b>	<b>68</b>	<b>33</b>	<b>75</b>	<b>19</b>	<b>328</b>		
Provided:	\$ 14,204.25	\$ 17,815.50	\$ 16,371.00	\$ 7,944.75	\$ 18,056.25	\$ 4,574.25	\$ 78,966.00		
YTD Provided:	\$ 14,204.25	\$ 32,019.75	\$ 48,390.75	\$ 56,335.50	\$ 74,391.75	\$ 78,966.00			
\$ Needed per Month:	\$ 19,895.85	\$ 19,895.85	\$ 19,895.85	\$ 19,895.85	\$ 19,895.85	\$ 19,895.85	\$ 159,784.20		
Deficit/Overage:	\$ (5,691.60)	\$ (2,080.35)	\$ (3,524.85)	\$ (11,951.10)	\$ (1,839.60)	\$ (15,321.60)			
Monthly Utilization:	71.39%	89.54%	82.28%	39.93%	90.75%	22.99%	33.07%		
YTD Utilization:	71.39%	80.47%	85.91%	61.11%	65.34%	56.87%			

Sub-Acute Rate	
Sub-Acute	\$ 240.75

Overall								107 beds	\$ 2,942,764.10
<b>Bed Days Provided:</b>	<b>2575</b>	<b>2747</b>	<b>2667</b>	<b>2504</b>	<b>2685</b>	<b>2471</b>	<b>15649</b>		
Provided:	\$ 222,745.49	\$ 248,248.40	\$ 252,067.42	\$ 218,826.61	\$ 248,933.90	\$ 201,119.69	\$ 1,391,941.51		
YTD Provided:	\$ 222,745.49	\$ 470,993.89	\$ 723,061.31	\$ 941,887.92	\$ 1,190,821.82	\$ 1,391,941.51			
\$ Needed per Month:	\$ 245,230.34	\$ 245,230.34	\$ 245,230.34	\$ 245,230.34	\$ 245,230.34	\$ 245,230.34	\$ 2,471,770.21		
Deficit/Overage:	\$ (22,484.85)	\$ 102,213.82	\$ 102,213.82	\$ 102,213.82	\$ 102,213.82	\$ 102,213.82			
YTD Deficit/Overage:	\$ (22,484.85)	\$ (19,466.79)	\$ (12,629.71)	\$ (39,033.45)	\$ (35,329.89)	\$ (79,440.54)	\$ (19,466.79)		
Monthly Utilization:	90.83%	101.23%	102.79%	89.23%	101.51%	82.01%	47.30%		
YTD Utilization:	90.83%	96.03%	98.28%	96.02%	97.12%	94.60%			

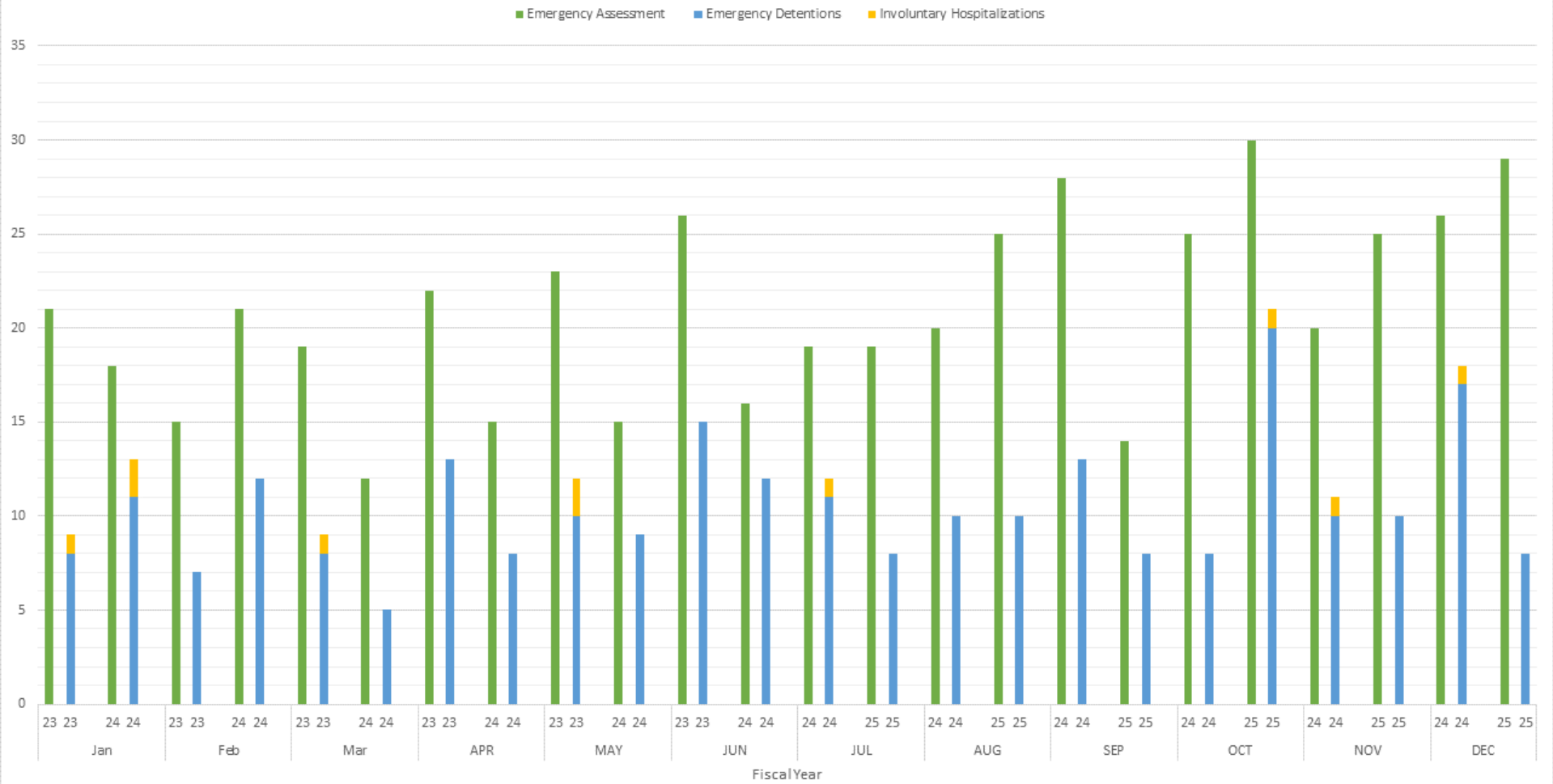
<b>Opioid Detox Grant</b>	<b>375 days</b>	<b>\$ 371.00</b>					<b>\$ 139,125.00</b>
<b>Bed Days Provided:</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>5</b>	<b>5</b>
Provided:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,855.00	\$ 1,855.00
YTD Provided:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,855.00	

<b>Sub-Acute Rate</b>	
Sub-Acute	\$ 371.00

<b>Sub-Acute Grant</b>	<b>1180 days</b>	<b>\$ 325.00</b>					<b>\$ 383,396.00</b>
<b>Bed Days Provided:</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>28</b>	<b>60</b>	<b>19</b>	<b>107</b>
Provided:	\$ -	\$ -	\$ -	\$ 9,100.00	\$ 19,500.00	\$ 6,175.00	\$ 34,775.00
YTD Provided:	\$ -	\$ -	\$ -	\$ 9,100.00	\$ 28,600.00	\$ 34,775.00	

<b>Sub-Acute Rate</b>	
Sub-Acute	\$ 325.00

### Sweetwater County Title 25 Emergency Detentions, Involuntary Hospitalizations and Emergency Assessments







Enriching lives through wellness, recovery, and hope

January 17, 2025

SCS provides mental health and substance disorder services in Sweetwater County. The following positions offer direct services: Full-Licensed Clinicians, Provisional Clinicians, Certified Social Workers, Certified Addictions Practitioners, Case Managers, Peer Specialists, and Treatment Support Staff. SCS has a medical office that employs a Nurse Practitioner, Medical Assistant, and Medical Services Clerk. Prevention Specialists provide prevention services throughout the community. Ancillary services are also offered at SCS, which include Clerical, HR, Accounts Receivable/Payable, Purchasing, Data Clerk, Maintenance/Groundskeeper, and Information Technology/PC Network. Administration oversight is provided by Managers and Supervisors in all service areas, along with the CEO. Currently, SCS has 133.5 FTEs.

### **Current Openings at SCS:**

Treatment Support Staff	5.5
HR Clerk	.5
APRN – Psychiatric	1

## January SCS Staffing Report

Position	Range #	FTE's Filled	Vacant FTE's
Chief Executive Officer	85	1	0
Program Operations Coordinator	46	2	0
Treatment Support - Recovery	32	29	5
Residential Coordinator	41	1	0
Treatment Support - Psychosocial	32	23.5	0
Case Manager Supervisor	46	1	0
Case Manager	39	13	0
Peer Specialist	34	5	0
Office Manager	52	1	0
Clerical	32	9.5	0
Custodian	29	3	0
Human Resources Manager	55	1	0
Human Resources Payroll Clerk	40	1	0
Human Resources Clerk	36	1.5	0.5
Chief Financial Officer	69	1	0
A/R Supervisor	45	1	0
A/P Clerk	36	1	0
A/R Clerk	36	2	0
Data Clerk	36	1	0
MyAvatar Specialist	50	1	0
Purchasing Clerk	36	1	0
Medical Services Clerk	36	1	0
APRN - General	81	1	0
APRN - Psychiatric	81	0	1
Medical Assistant	37	1	0
Maintenance Supervisor	64	0.5	0
Maintenance Level 2	36	1	0
Lawn Care - Groundskeeper	29	0.5	0
Network Administrator	67	1	0
PC/Network Support	50	1	0
Manager of Psychosocial Services	72	1	0
Manager of Mental Health Services	72	1	0
Manager of Children and Family Services	70	1	0
Recovery Services Manager	76	1	0
Clinical Supervisor	66	1	0
Clinician - Fully Licensed	64	6	1
Provisional Clinician	56	9	0
Certified Addictions Practitioner	49	1	0
Certified Social Worker	49	3	0
Prevention Specialist	39	2	0

Not filling at this time

Range #	Title	Pay Period		
16		Hourly	\$ 10.55	\$ 17.41
		Monthly	1,828.67	3,017.73
		Annual	\$ 21,944.00	\$ 36,212.80
17		Hourly	\$ 10.81	\$ 17.85
		Monthly	1,874.38	3,093.18
		Annual	\$ 22,492.60	\$ 37,118.12
18		Hourly	\$ 11.08	\$ 18.29
		Monthly	1,921.24	3,170.51
		Annual	\$ 23,054.92	\$ 38,046.07
19		Hourly	\$ 11.36	\$ 18.75
		Monthly	1,969.27	3,249.77
		Annual	\$ 23,631.29	\$ 38,997.22
20		Hourly	\$ 11.65	\$ 19.22
		Monthly	2,018.51	3,331.01
		Annual	\$ 24,222.07	\$ 39,972.16
21		Hourly	\$ 11.94	\$ 19.70
		Monthly	2,068.97	3,414.29
		Annual	\$ 24,827.62	\$ 40,971.46
22		Hourly	\$ 12.23	\$ 20.19
		Monthly	2,120.69	3,499.65
		Annual	\$ 25,448.31	\$ 41,995.75
23		Hourly	\$ 12.54	\$ 20.70
		Monthly	2,173.71	3,587.14
		Annual	\$ 26,084.52	\$ 43,045.64
24	Bridges Cook	Hourly	\$ 12.85	\$ 21.21
		Monthly	2,228.05	3,676.82
		Annual	\$ 26,736.63	\$ 44,121.78
25		Hourly	\$ 13.18	\$ 21.74
		Monthly	2,283.75	3,768.74
		Annual	\$ 27,405.05	\$ 45,224.82
26		Hourly	\$ 13.50	\$ 22.29
		Monthly	2,340.85	3,862.95
		Annual	\$ 28,090.18	\$ 46,355.45
27		Hourly	\$ 13.84	\$ 22.84
		Monthly	2,399.37	3,959.53
		Annual	\$ 28,792.43	\$ 47,514.33
28		Hourly	\$ 14.19	\$ 23.41
		Monthly	2,459.35	4,058.52
		Annual	\$ 29,512.24	\$ 48,702.19
29	Janitor Lawn Care - Seasonal Maintenance 1	Hourly	\$ 14.54	\$ 24.00
		Monthly	2,520.84	4,159.98
		Annual	\$ 30,250.05	\$ 49,919.74
30		Hourly	\$ 14.91	\$ 24.60
		Monthly	2,583.86	4,263.98
		Annual	\$ 31,006.30	\$ 51,167.74
31		Hourly	\$ 15.28	\$ 25.21
		Monthly	2,648.45	4,370.58
		Annual	\$ 31,781.45	\$ 52,446.93

32	Scanning Clerk	Hourly	\$ 15.66	\$ 25.85
	Office Support Staff	Monthly	2,714.67	4,479.84
	Residential Treatment Support Staff	Annual	\$ 32,575.99	\$ 53,758.11
	Transportation IOP Clerk Daycare			
33		Hourly	\$ 16.05	\$ 26.49
		Monthly	2,782.53	4,591.84
		Annual	\$ 33,390.39	\$ 55,102.06
34	Peer Specialist	Hourly	\$ 16.45	\$ 27.15
		Monthly	2,852.10	4,706.63
		Annual	\$ 34,225.15	\$ 56,479.61
35	Non-Degreed Case Manager	Hourly	\$ 16.87	\$ 27.83
	CAPA	Monthly	2,923.40	4,824.30
	Benefit Enrollment Specialist	Annual	\$ 35,080.78	\$ 57,891.60
36	Maintenance 2	Hourly	\$ 17.29	\$ 28.53
	Purchasing Clerk	Monthly	2,996.48	4,944.91
	Human Resource Administrative Clerk	Annual	\$ 35,957.80	\$ 59,338.89
	Medical Services Clerk			
	Accounts Receivable/Insurance Billing Clerk			
	Data Clerk Administrative Assistant			
37	Medical Assistant	Hourly	\$ 17.72	\$ 29.24
		Monthly	3,071.40	5,068.53
		Annual	\$ 36,856.74	\$ 60,822.36
38		Hourly	\$ 18.16	\$ 29.97
		Monthly	3,148.18	5,195.24
		Annual	\$ 37,778.16	\$ 62,342.92
39	Case Manager	Hourly	\$ 18.62	\$ 30.72
	Prevention Specialist	Monthly	3,226.88	5,325.12
	Employment Specialist	Annual	\$ 38,722.62	\$ 63,901.49
40	Accounts Payable Clerk	Hourly	\$ 19.08	\$ 31.49
	Payroll Clerk	Monthly	3,307.56	5,458.25
		Annual	\$ 39,690.68	\$ 65,499.03
41	Residential Coordinator	Hourly	\$ 19.56	\$ 32.28
		Monthly	3,390.25	5,594.71
		Annual	\$ 40,682.95	\$ 67,136.51
42		Hourly	\$ 20.05	\$ 33.08
		Monthly	3,475.00	5,734.58
		Annual	\$ 41,700.02	\$ 68,814.92
43	Licensed Practical Nurse	Hourly	\$ 20.55	\$ 33.91
		Monthly	3,561.88	5,877.94
		Annual	\$ 42,742.52	\$ 70,535.29
44		Hourly	\$ 21.06	\$ 34.76
		Monthly	3,650.92	6,024.89
		Annual	\$ 43,811.09	\$ 72,298.67
45	Accounts Receivable Supervisor	Hourly	\$ 21.59	\$ 35.63
		Monthly	3,742.20	6,175.51
		Annual	\$ 44,906.36	\$ 74,106.14

46	Case Manager Supervisor Program Operations Supervisor	Hourly	\$ 22.13	\$ 36.52
		Monthly	3,835.75	6,329.90
		Annual	\$ 46,029.02	\$ 75,958.80
47	Public Relations Specialist	Hourly	\$ 22.68	\$ 37.43
		Monthly	3,931.65	6,488.15
		Annual	\$ 47,179.75	\$ 77,857.77
48		Hourly	\$ 23.25	\$ 38.37
		Monthly	4,029.94	6,650.35
		Annual	\$ 48,359.24	\$ 79,804.21
49	Certified Social Worker Certified Addictions Worker	Hourly	\$ 23.83	\$ 39.33
		Monthly	4,130.69	6,816.61
		Annual	\$ 49,568.22	\$ 81,799.31
50	PC Support Specialist myAvatar Specialist Data Analyst 1	Hourly	\$ 24.43	\$ 40.31
		Monthly	4,233.95	6,987.02
		Annual	\$ 50,807.43	\$ 83,844.30
51		Hourly	\$ 25.04	\$ 41.32
		Monthly	4,339.80	7,161.70
		Annual	\$ 52,077.61	\$ 85,940.40
52	Office Manager	Hourly	\$ 25.66	\$ 42.35
		Monthly	4,448.30	7,340.74
		Annual	\$ 53,379.55	\$ 88,088.91
53		Hourly	\$ 26.30	\$ 43.41
		Monthly	4,559.50	7,524.26
		Annual	\$ 54,714.04	\$ 90,291.14
54		Hourly	\$ 26.96	\$ 44.49
		Monthly	4,673.49	7,712.37
		Annual	\$ 56,081.89	\$ 92,548.42
55	Human Resource Manager	Hourly	\$ 27.64	\$ 45.61
		Monthly	4,790.33	7,905.18
		Annual	\$ 57,483.94	\$ 94,862.13
56	Provisional Clinician	Hourly	\$ 28.33	\$ 46.75
		Monthly	4,910.09	8,102.81
		Annual	\$ 58,921.04	\$ 97,233.68
57		Hourly	\$ 29.04	\$ 47.92
		Monthly	5,032.84	8,305.38
		Annual	\$ 60,394.07	\$ 99,664.52
58		Hourly	\$ 29.76	\$ 49.11
		Monthly	5,158.66	8,513.01
		Annual	\$ 61,903.92	\$ 102,156.13
59		Hourly	\$ 30.51	\$ 50.34
		Monthly	5,287.63	8,725.84
		Annual	\$ 63,451.52	\$ 104,710.04
60	Psychological Resident	Hourly	\$ 31.27	\$ 51.60
		Monthly	5,419.82	8,943.98
		Annual	\$ 65,037.80	\$ 107,327.79
61		Hourly	\$ 32.05	\$ 52.89
		Monthly	5,555.31	9,167.58
		Annual	\$ 66,663.75	\$ 110,010.98
62		Hourly	\$ 32.85	\$ 54.21
		Monthly	5,694.20	9,396.77
		Annual	\$ 68,330.34	\$ 112,761.26

63		Hourly	\$ 33.67	\$ 55.57
		Monthly	5,836.55	9,631.69
		Annual	\$ 70,038.60	\$ 115,580.29
64	Facility Maintenance Supervisor	Hourly	\$ 34.51	\$ 56.96
	Data Architect	Monthly	5,982.46	9,872.48
	Licensed Clinician	Annual	\$ 71,789.57	\$ 118,469.80
65	Registered Nurse	Hourly	\$ 35.38	\$ 58.38
		Monthly	6,132.03	10,119.30
		Annual	\$ 73,584.31	\$ 121,431.54
66	Clinical Supervisor	Hourly	\$ 36.26	\$ 59.84
		Monthly	6,285.33	10,372.28
		Annual	\$ 75,423.91	\$ 124,467.33
67	Network Administrator	Hourly	\$ 37.17	\$ 61.34
	Clinical Quality Review	Monthly	6,442.46	10,631.58
	Licensed Psychologist	Annual	\$ 77,309.51	\$ 127,579.01
68		Hourly	\$ 38.10	\$ 62.87
		Monthly	6,603.52	10,897.37
		Annual	\$ 79,242.25	\$ 130,768.49
69	Chief Financial Officer	Hourly	\$ 39.05	\$ 64.44
		Monthly	6,768.61	11,169.81
		Annual	\$ 81,223.31	\$ 134,037.70
70	Manager of Children and Family Services	Hourly	\$ 40.03	\$ 66.05
		Monthly	6,937.82	11,449.05
		Annual	\$ 83,253.89	\$ 137,388.64
71		Hourly	\$ 41.03	\$ 67.70
		Monthly	7,111.27	11,735.28
		Annual	\$ 85,335.24	\$ 140,823.36
72	Manager of Mental Health Services	Hourly	\$ 42.05	\$ 69.40
	Manager of Psychosocial Services	Monthly	7,289.05	12,028.66
		Annual	\$ 87,468.62	\$ 144,343.94
73		Hourly	\$ 43.10	\$ 71.13
		Monthly	7,471.28	12,329.38
		Annual	\$ 89,655.33	\$ 147,952.54
74		Hourly	\$ 44.18	\$ 72.91
		Monthly	7,658.06	12,637.61
		Annual	\$ 91,896.72	\$ 151,651.36
75		Hourly	\$ 45.29	\$ 74.73
		Monthly	7,849.51	12,953.55
		Annual	\$ 94,194.13	\$ 155,442.64
76	Manager of Recovery Services	Hourly	\$ 46.42	\$ 76.60
		Monthly	8,045.75	13,277.39
		Annual	\$ 96,548.99	\$ 159,328.71
77		Hourly	\$ 47.58	\$ 78.52
		Monthly	8,246.89	13,609.33
		Annual	\$ 98,962.71	\$ 163,311.92
78		Hourly	\$ 48.77	\$ 80.48
		Monthly	8,453.06	13,949.56
		Annual	\$ 101,436.78	\$ 167,394.72
79		Hourly	\$ 49.99	\$ 82.49
		Monthly	8,664.39	14,298.30
		Annual	\$ 103,972.70	\$ 171,579.59

80		Hourly	\$ 51.24	\$ 84.55
		Monthly	8,881.00	14,655.76
		Annual	\$ 106,572.02	\$ 175,869.08
81	Advanced Nurse Practitioner Physician Assistant	Hourly	\$ 52.52	\$ 86.67
		Monthly	9,103.47	15,021.72
		Annual	\$ 109,241.64	\$ 180,260.60
82		Hourly	\$ 53.83	\$ 88.83
		Monthly	9,330.60	15,397.70
		Annual	\$ 111,967.22	\$ 184,772.45
83		Hourly	\$ 55.18	\$ 91.05
		Monthly	9,563.87	15,782.65
		Annual	\$ 114,766.40	\$ 189,391.76
84		Hourly	\$ 56.56	\$ 93.33
		Monthly	9,802.96	16,177.21
		Annual	\$ 117,635.56	\$ 194,126.56
85	Chief Executive Officer	Hourly	\$ 57.97	\$ 95.66
		Monthly	10,048.04	16,581.64
		Annual	\$ 120,576.45	\$ 198,979.72

# **Previous Business**



**Moving from OrderConnect to OrderConnect-NX**  
**SCOPE OF WORK (“SOW”)**  
 (As of 11/01/2024)

**Netsmart Technologies, Inc. and Client**

**1. Purpose**

The purpose for this statement of work is to outline the requirements and deliverables for the implementation and project management of the Client’s Implementation. The scope is based on the latest generally available software release, and project timeline. The details of the scope of services are included below.

**2. Project Duration**

Project Duration

The following project Start and End dates are estimates and are subject to adjustment based upon the Effective Date of the Agreement and both parties overall cooperation of such implementation. Netsmart requires a minimum of forty-five (45) days following the Effective Date of this Agreement to accommodate pre-project activities such as planning, staffing and technology activities. The detailed project plan will define the scope and estimated timing of Netsmart’s work. Once the project plan is finalized, extended delays and changes in scope may result in changes to scheduling and services. Charges for additional services will be billed at Netsmart’s then-current rates for such services.

**3. Scope of Services**

Description: OrderConnect-NX is a secure, Web-based prescribing and medication management system. The system can be utilized anywhere using a Window-based system via there is access to the following browsers: Chrome, Firefox, Edge, and Internet Explorer.

<b>OrderConnect-NX Screens and Features</b>	<b>Scope of Services</b>
<b>Client Search Pane / Most Recent Client List</b>	Search for clients directly in OrderConnect-NX. If launching OrderConnect from a care record, the client search will occur in the care record.
	Use basic search or advanced search features
	A list of the most recent client records accessed readily available
<b>Client Facesheet</b>	Client demographics viewing and editing
	Client diagnoses viewing and editing
	Client allergies viewing and editing
	General comments viewing and editing
	Current client medication orders and details
<b>Orders Screen – Medication Orders</b>	Start Order button to launch Orders screen
	View current medication orders
	View history of medication orders
	Start a medication order, reorder a medication, change a medication order, discontinue a medication
	View details of a medication order

<b>Order Entry Screens - Medication</b>	Search for medications
	Enter details of medication orders.
	Titration/tapers can be written out in new, longer directions field.
	View medication alerts and Care Suggestions
	Choose medication order output: eRx, eFax, Print
	Pharmacy selection
	Supervisor selection
	Print education leaflets, consent forms, rx collaterals
<b>Prescribers Queue</b>	Complete two-factor authentication for EPCS orders
<b>Prescribers Queue</b>	Approve or deny Verbal Orders
	Approve or deny Renewal Requests and Change Requests
<b>Transmissions Screen</b>	View electronic transmissions that have failed or are pending
<b>Resources Screen - Reports</b>	<p>Current Med Orders by Patient – Available</p> <p>Individual Medication Profile – Available</p> <p>List of Active Orders by Prescriber – Available</p> <p>Medication Administration Record - Available</p> <p>Medication Administration Record (Landscape) – Available</p> <p>Order Audit by Prescriber Report – Available</p> <p>Order Audit Report - Available</p> <p>Prescription Expiration Report – Available</p> <p>Transmission Log Report – Available</p> <p>Unacknowledged Verbal Orders Report – Available</p> <p>Meaningful Use e-Prescribing Report – Available</p> <p>EPCS Audit Events Report – Available</p> <p>EPCS Prescriptions Report – Available</p> <p>External Med History Request Audit - Available</p> <p><i>Other reports that are in the original OC are not yet available</i></p>
<b>Orders Screen – Lab/Rad Orders</b>	<p>General availability. Will be added to Full-Suite implementations. (Not in scope for eRx-Only clients.) An additional scope/project/cost will be required for the implementation of labs/rads when they are available for OC-NX. Radiology orders are not able to be electronically transmitted to destinations at this time; they can be printed or efaxed.</p>
<b>Order Entry Screens – Lab/Rad</b>	<p>General availability. Will be added to Full-Suite implementations. (Not in scope for eRx-Only clients.) An additional scope/project/cost will be required for the implementation of labs/rads when they are available for OC-NX. Radiology orders are not able to be electronically transmitted to destinations; they can be printed or efaxed.</p>

<b>Results Screen – Lab/Rad Results</b>	General availability. Will be added to Full-Suite implementations. (Not in scope for eRx-Only clients.) An additional scope/project/cost will be required for the implementation of labs/rads when they are available for OC-NX. Radiology results are not able to be electronically received; they can be manually entered in OCNX.
<b>Patient Reported Medications (aka, Non-ISC Rx)</b>	Available
<b>External Medication History</b>	Available
<b>Mini Rx Profile Screen (aka, Client Profile)</b>	Available
<b>Med Rec Screen/Checkbox</b>	Available
<b>OC-eMAR</b>	Available (if purchased)
<b>PDMP Checking</b>	Available (if purchased)
<b>Office-Based Medication Administration</b>	Not yet available
<b>Sample Inventory Management (Add on Module)</b>	Not yet available
<b>Custom Formulary Management (Add on Module)</b>	Not yet available
<b>OrderConnect-NX Environments</b>	
<b>OrderConnect-NX UAT Configuration</b>	If an OrderConnect UAT environment already exists, it will be configured to be OC-NX and connect to the client’s care record UAT environment to allow Single Sign On. Single Sign On testing will be completed for up to five users. The client is responsible for testing in UAT. If an OrderConnect UAT environment does not already exist and if the client wants a UAT environment, additional hours will be quoted and charged.
	All active users in the UAT OrderConnect environment will be switched to the OC-NX view. If any additional users are added to UAT after moving to OC-NX, the facility will need to open a Support case with Netsmart requesting the new UAT users have the OC-NX view.
<b>OrderConnect-NX LIVE Configuration</b>	The client’s live OrderConnect environment will be configured to be OC-NX and connect to the client’s care record LIVE environment to allow Single Sign On. Single Sign On testing will be completed for up to five users.
	All active users in the live OrderConnect environment will be switched to the OC-NX view. If any additional users are added to the facility after moving to OC-NX, using their OC Admin Tool, the facility will provide new users with the OC-NX view (via a checkbox). In other words, even though the facility has the OC-NX, additional users that are added will not automatically have that view.

**Training and Support**

<b>Train-the-Trainer Training</b>	Netsmart will conduct one one-hour Train-the-Trainer training of OrderConnect-NX. The training will be recorded and made available to the client.
<b>Go Live Support</b>	Netsmart will provide up to one week of post-Go Live support.

#### 4. Assumptions

- Client is updated to CareFabric Events 2.0 (CFE 2.0) or higher prior to start of project. (CareFabric Events is the data transfer mechanism between the client’s Netsmart care record and OrderConnect.) If client is not on CFE 2.0 and needs to be updated to it, additional Consulting hours and costs will apply.
- Netsmart will devote enough resources and timely communication to the project to assure its reasonable success.
- Professional services quotes do not include travel, living and travel time expenses, as all services will be delivered remotely, unless otherwise approved.
- Cancellation of events must be given two weeks prior to scheduled activities onsite, otherwise the Client will still be charged for travel that has been booked.
- Client will provide enough resources and timely communication to the project to assure its reasonable success. A training room will be available for the training sessions with working equipment and appropriate software loaded prior to the arrival of the Netsmart team if it is part of the planning and expectations for the project.
- Training will cover those items that are available in OrderConnect-NX at the time of training. As additional items are added to OrderConnect-NX and if training is requested on those items, the additional training will be quoted and charged.
- Individuals scheduled to attend training will attend and participate in the entire session as defined by the agenda.
- Netsmart will share available recommended practices during the implementation.
- Client will assign an individual who has authority and accountability for signing-off on project completion. This shall be a named individual.

#### 5. Location of Work

All work by Netsmart will be conducted remotely unless identified as onsite in the detailed project plan. For onsite sessions, Netsmart reserves the right to complete those sessions remotely.

**QUOTE**  
**Southwest Counseling Services - OC NX**

<p>By and Between</p> <p><b>Netsmart Technologies, Inc.</b></p> <p>11100 Nall Avenue Overland Park, KS 66211 ("Netsmart")</p>	<p>And</p> <p><b>Southwest Counseling Services</b> <b>Client Account Number: 0004251</b></p> <p>2300 Foothill Blvd Rock Springs, WY 82901-5610 ("Client")</p>
<p><b>Attention:</b> Michael Shearer, Client Sales Representative</p> <p>Telephone No: 9137494157 mshearer@ntst.com Legal notices to be sent to: Contracts_Notice@ntst.com</p>	<p><b>Attention:</b> Corina Lee, Avatar Specialist</p> <p>Telephone No: 373526677 clee@swcounseling.org Legal notices to be sent to (if different):</p>

**Client**

\_\_\_\_\_

(SIGNATURE)

\_\_\_\_\_

(PRINTED NAME)

\_\_\_\_\_

**TITLE**

\_\_\_\_\_

**DATE**

**Schedule 1 – Scope of Use, Fees and Payment Terms**

**PROFESSIONAL SERVICE CHARGES:**

<b>Services</b>			
<u>Product</u>	<u>QTY</u>	<u>Unit</u>	<u>Fees</u>
Professional Services - OrderConnect <sup>01</sup> OrderConnect NX UAT Configuration	1	Fixed Fee	\$1,575.00
Professional Services - OrderConnect <sup>01</sup> OrderConnect NX Upgrade	1	Fixed Fee	\$2,700.00
<b>Sub-Total</b>			<b>\$4,275.00</b>

Notes: The recurring fee amount represents the full annual recurring fee at the contracted rates herein. The recurring fees paid during year one may vary based on proration described in the payment terms and product-specific term start dates identified within this quote or purchase agreement.

All annual recurring fees are subject to the annual increase set forth in the Agreement.

**(1) - Those products notated with a (1) are subject to third party pass through terms available at: <https://www.ntst.com/lp/pass-through-terms>.**

This Quote sets forth the terms and conditions for the licenses, solutions, hardware and services provided by Netsmart to Client and is subject to and incorporates the terms of the Master Agreement dated 04-07-1998 (the “Agreement”).

- a. Services  
100% of Services fees due upon execution of this quote.

Project Checklist					
Task	Owner	Status	Start Date	Due Date	Notes/Updates
<b>Initiation Phase</b>					
Ops Coordination	NTST	Planned			
Verify Updates/SOW Review	NTST	Planned			
Project Launch Call	NTST/Client	Planned			
Review Project SOW	NTST/Client	Planned			
Set Project Timeline/Tentative Event Dates	NTST/Client	Planned			
<b>Configuration Phase</b>					
<b>Configure OrderConnect NX [UAT] [NTST]</b>					
Site Admin - Switch UAT Facility to OrderConnect NX	NTST	Planned			Site Admin: OC-NX Selection
Ticket to Support to Switch UAT Globals to NX Urls	NTST	Planned			Do this in advance and provide date
Change OC URL in UAT to point to OrderConnect-NX	NTST	Planned			OrderConnect Facility/Agency Definition Form
Switch Users in OC Admin Tool to NX	NTST	Planned			
<b>Unit Testing</b>	NTST	Planned			
SSO Testing: Test SSO in UAT Care Record	Client	Planned			Launch to OC NX from myAvatar
<b>Training</b>	NTST/Client	Planned			
OrderConnect NX Super User Training	NTST/Client	Planned			Required to be completed before LIVE OrderConnect is switched to NX.
<b>Project Calls/Communication</b>	NTST/Client	Planned			
Schedule Time with Client to Switch OrderConnect to OC NX.	NTST/Client	Planned			
Document Plan for User Communication on OrderConnect NX Switch	Client	Planned			Come up with a plan for client to communicate to their users when they are converting to NX, a particular time.
<b>Configure OrderConnect NX [LIVE] [NTST]</b>					
Site Admin - Switch LIVE Facility to OrderConnect NX	NTST	Planned			Site Admin: OC-NX Selection
Ticket to Support to Switch LIVE Globals to NX Urls	NTST	Planned			Do this in advance and provide date
Change URL of Care Record in LIVE to point to OrderConnect-NX during agreed upon time	NTST	Planned			OrderConnect Facility/Agency Definition Form
Switch Users in OC Admin Tool to NX	NTST	Planned			
<b>Unit Testing</b>	NTST	Planned			
SSO Testing: Test SSO in LIVE Care Record	Client	Planned			Launch to OC NX from myAvatar
<b>Validation Phase</b>					
Project Calls/Communication	NTST/Client	Planned			
<b>Adoption Phase</b>					
OrderConnect NX Go Live	Client	Planned			
OrderConnect NX Go Live Support	NTST/Client	Planned			
Send Project Acceptance	NTST	Planned			

# Project Timeline

Timeline	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<b>Preparation - Project Launch</b>						
Project Launch Call	NTST & Client					
Review Project SOW	NTST & Client					
Set Project Timeline/Tentative Event Dates	NTST & Client					
<b>Configuration</b>						
Configure OrderConnect UAT to OC-NX	NTST	NTST				
Configure myAvatar UAT to OC-NX	NTST	NTST				
Configure OrderConnect LIVE to OC-NX				NTST		
Configure myAvatar LIVE to OC-NX				NTST		
<b>Testing</b>						
Test UAT SSO to OC-NX	NTST	NTST & Client				
Test LIVE SSO to OC-NX				NTST & Client		
<b>Training</b>						
Super User/End User Training			NTST & Client			
<b>Deploy &amp; Support</b>						
OrderConnect NX Go Live				Client		
OrderConnect NX Go Live Support					NTST & Client	
Send Project Acceptance						NTST

Legend
NTST
Client
NTST & Client



**Netsmart Technologies, Inc. and Southwest Counseling Services**  
**myAvatar NX Scope Of Work**

1. **Purpose**

The purpose of this SOW is to review the Client’s current Netsmart solution, train and assist in upgrading to myAvatar NX and provide recommendations and best practices. The consultants will walk through the changes to NX, identify requirements for the NX upgrade and proposed recommended future state use with respect to NX functionality. Additionally, Netsmart Consultants will provide NX Training.

2. **Project Duration**

The following project start and end dates are estimates and are subject to adjustments based upon the Effective Date of the Agreement and both parties overall cooperation of such implementation. The overall duration of this project, based on the scope of work detailed herein and reasonable Client cooperation, is anticipated to be 5 months. Additional services will be required for any project where the duration from project launch to go-live is in excess of 5 months.

3. **Scope of Services**

<b>Pre-Planning</b>	Netsmart will conduct a Pre-Launch call with Client to review the SOW, discuss necessary pre-requisites, timeline, and review pre-planning questions. Future goals and direction will be discussed to capture context and align to Client longer term objectives with the scope of this agreement.
<b>Project Launch</b>	The project launch call will cover the following items: <ul style="list-style-type: none"> <li>• Confirm timeline</li> <li>• Provide NX demo</li> <li>• Discuss project expectations</li> <li>• Schedule weekly meetings</li> <li>• Introduce NX playbook <ul style="list-style-type: none"> <li>○ Outline client due dates</li> </ul> </li> <li>• Review top form list report</li> </ul>
<b>Configuration</b>	<p>Client will determine five (5) forms for review within the forms tab of the NX playbook. Netsmart will then review the five (5) selected forms (data collection instruments) to validate migration success.</p> <p>Netsmart will be responsible for form designer correction and migration of up to five (5) forms (data collection instruments) that are not rendering the same as myAvatar.</p> <ul style="list-style-type: none"> <li>• Client will be permitted a single round of testing and review to identify acceptance or identify remaining issues</li> </ul> <p>Client will determine five (5) user roles for review within the user roles tab of the NX playbook. Netsmart will then review the five (5) selected user roles and up to three (3) console views per role to identify readiness to be utilized within Avatar NX.</p> <p>Netsmart will be responsible for the configuration of up to five (5) NX views that match the five (5) user roles previously identified. Each NX view will be configured with up to three (3) console views. Additionally, Netsmart will define one (1) myDay view and one (1) Client Dashboard view to be utilized with the five (5) NX Views.</p> <ul style="list-style-type: none"> <li>• Client will be permitted a single round of testing and review to identify acceptance or identify remaining issues</li> </ul>

	<p>Netsmart will be responsible for the configuration of up to ten (10) total All Documents Widgets as applicable to the five (5) views Netsmart is responsible for.</p> <ul style="list-style-type: none"> <li>Client will be permitted a single round of testing and review to identify acceptance or identify remaining issues.</li> </ul>
<p><b>Training</b></p>	<p>Netsmart will conduct one (1) Configuration Training, up to 1 hour, for up to 15 users. Configuration Training will cover the following topics:</p> <ul style="list-style-type: none"> <li>Process to update forms (data collection instruments) that did not successfully migrate to Avatar NX</li> <li>Configuration of NX views, Console Views, Dashboard Views, and All Documents Widgets</li> </ul> <p>Additional configuration questions and discussion will take place on weekly calls.</p> <p>Netsmart will conduct one (1) Super User Training, up to 90-minutes, for up to 15 users. Super User Training will cover the following topics:</p> <ul style="list-style-type: none"> <li>System navigation</li> <li>Workflow changes that exist between myAvatar and Avatar NX</li> </ul>
<p><b>Testing</b></p>	<p>During the Integration Testing event, the client will test in their system and ensure functionality is working as it should with necessary workflows. Client will use Testing Checklist provided by Netsmart during the Integration Testing event.</p> <ul style="list-style-type: none"> <li>Three (3) check-in calls will be scheduled within one (1) week to discuss completed testing and discuss/document any items that may arise.</li> </ul>
<p><b>Go-Live</b></p>	<p>Go Live event will occur when the solution is moved into productive use by the end-user population. This will consist of “preparation” and performing functions out of the Live environment.</p> <ul style="list-style-type: none"> <li>The Netsmart consultant will support the first 3 days of Go-Live remotely, site wide.</li> <li>Support will take place in the form of daily check in calls. <i>* Phased/ rollout Go-Live Support is out of scope and will require additional funding.</i></li> </ul>
<p><b>Post Go-Live Support</b></p>	<p>Post Go-Live Support will be provided up to 45 days following Go-Live to ensure the successful adoption of the solution by the end user population. Netsmart will continue to address any items that arise during Go-Live and will monitor usage of non-NX myAvatar and myAvatar NX. Netsmart will document and track any roadblocks that may be present for 100% adoption of myAvatar NX.</p> <p>Once all deliverables in scope have been completed, support will be notified that client is live on NX. Client will be notified that any future cases will be investigated by Support.</p> <p>Once 100% NX adoption is achieved for a period of up to 45 days, Client’s Netsmart Solution Delivery Manager will be in touch to start the planning process of decommissioning the non-NX myAvatar servers.</p>
<p><b>Out of Scope</b></p>	<p>The following includes (but not limited to) items identified as beyond the scope of this agreement:</p> <ul style="list-style-type: none"> <li>Custom report modifications to configure report definitions for menu launch reports with parameters, as needed.</li> <li>Custom report modifications to configure “can grow” properties to specific fields, as needed.</li> </ul>

#### 4. Assumptions

- Client must be upgraded to current maintenance release prior to Project Launch
- Phased Go Live support is out of scope
- Netsmart will devote sufficient resources and timely communication to the project in order to assure its reasonable success
- Client will provide resources as identified in the work breakdown structure of the project plan
- New hardware, if required, will be delivered by the date required in the Project Schedule
- Client is using latest Treatment Plan functionality
- Document Routing is the only form of electronic approval being used
- No Custom Development exists (Cust Packs)
- If client uses OrderConnect or OrderEntry, Orders Console is being utilized to enter all orders
- Any item not explicitly referenced in this SOW is considered out of scope
- Any additional training/configuration needs identified by the Client during the NX upgrade will require a separate quote and scope of work
- A training room or remote equipment will be provided by Client to their staff and available for the training sessions. Appropriate software must be loaded prior to the start of the training or training will be rescheduled
- Individuals scheduled to attend training will attend and participate in the entire session as defined by the agenda.

#### 5. Client Responsibilities

- Participation in pre-planning activities
- Client will provide sufficient resources and timely communication to the project in order to assure its reasonable success.
- Participation in analysis presentation and prioritize configurations for deployment.
- Participate in NX Review sessions and trainings.
- Review, test, and confirm delivery of the NX configurations deployed.
- Conduct NX End User Training prior to Go-Live.

#### 6. TRAVEL AND LIVING AND TRAVEL TIME EXPENSES for this agreement only:

The location of work within the SOW will be conducted remotely. On-Site and Travel is out of scope.

<b>QUOTE</b>
<b>Southwest Counseling Services - myAvatar NX</b>

<p>By and Between</p> <p><b>Netsmart Technologies, Inc.</b></p> <p>11100 Nall Avenue Overland Park, KS 66211 ("Netsmart")</p> <p><b>Attention:</b> Michael Shearer, Client Sales Representative</p> <p>Telephone No: 9137494157 mshearer@ntst.com Legal notices to be sent to: Contracts_Notice@ntst.com</p>	<p>And</p> <p><b>Southwest Counseling Services</b> <b>Client Account Number: 0004251</b></p> <p>2300 Foothill Blvd Rock Springs, WY 82901-5610 ("Client")</p> <p><b>Attention:</b> Corina Lee, Avatar Specialist</p> <p>Telephone No: 373526677 clee@swcounseling.org</p> <p>Legal notices to be sent to (if different):</p>
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<p><b>Client</b></p>          <p style="text-align: center;">_____</p> <p style="text-align: center;">(SIGNATURE)</p>  <p style="text-align: center;">_____</p> <p style="text-align: center;">(PRINTED NAME)</p>  <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>TITLE</b></p>  <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>DATE</b></p>
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**Schedule 1 – Scope of Use, Fees and Payment Terms**

**ONE-TIME CHARGES:**

<b>License</b>			
<u>Product</u>	<u>QTY</u>	<u>Unit</u>	<u>Fees</u>
myAvatar ePrescribing	1	EACH	\$0.00
<b>Sub-Total</b>			<b>\$0.00</b>

**PROFESSIONAL SERVICE CHARGES:**

<b>Services</b>			
<u>Product</u>	<u>QTY</u>	<u>Unit</u>	<u>Fees</u>
Professional Services - Avatar myAvatar NX Upgrade	1	Fixed Fee	\$50,000.00
Professional Services - Avatar Orders Console Setup	1	Fixed Fee	\$6,000.00
<b>Sub-Total</b>			<b>\$56,000.00</b>

<u>Product</u>	<u>Term</u>	<u>QTY</u>	<u>Unit</u>	<u>Year 1 Fees</u>
<b>Sub-Total</b>				<b>0</b>

Notes: The recurring fee amount represents the full annual recurring fee at the contracted rates herein. The recurring fees paid during year one may vary based on proration described in the payment terms and product-specific term start dates identified within this quote or purchase agreement.

All annual recurring fees are subject to the annual increase set forth in the Agreement.

This Quote sets forth the terms and conditions for the licenses, solutions, hardware and services provided by Netsmart to Client and is subject to and incorporates the terms of the Master Agreement dated 04-07-1998 (the “Agreement”).

**Payment Terms:**

All payment for the products and/or services included on this quote will be due according to the following payment schedule and terms:

- a. Services  
Services will be billed \$4,666.67/month for 12 months starting at project kick-off.
- b. License  
100% of License Fees due upon execution



**Wyoming Department of Health  
Behavioral Health Division  
Outpatient and Residential Mental Health (MH) and Substance Use Disorder (SUD)  
Treatment Services  
And Quality of Life Supports**

**Funding Application  
State Fiscal Year 2026**

**Organization** Southwest Counseling Service

This application includes nine (9) sections to be completed. **Unless an attachment is requested, please type directly into the section.**

1. Type of Application
2. Applicant Information
3. Board of Directors
4. Organization Administration
5. Facility Information
6. Partnerships and Collaborations
7. Service Delivery Plan
8. Attachment Checklist
9. Assurances and Signatures

**SECTION 1.1 Type of Application**

**Please indicate which services your organization will be providing by checking the applicable box(es) below, followed by the county(ies) where the services will be provided:**

- MH Outpatient in Sweetwater County(ies)
- SUD Outpatient in Sweetwater County(ies)
- MH Residential in Sweetwater & Uinta County(ies)
- SUD Residential in Sweetwater County(ies)

**SECTION 1.2 Applicant Information**

Complete all fields below:

Applicant's Legal Name: Southwest Counseling Service

Business Office (Physical Address): 1124 College Drive, Rock Springs, Wyoming 82901

Business Office (Mailing Address – if different): Same as above

Hours of Operation: Monday-Thursday: 8am-8pm; Friday: 8am-7pm

Applicant Contact Person and Title: Linda J. Acker, LPC CEO  
 Phone Number of Contact Person: 307-352-6680  
 E-Mail Address for Contact Person: lacker@swcounseling.org  
 Contract Signatory (board president or other member of the governing board authorized to sign the contract):  
Kayleen Logan  
 Title of Contract Signatory: Board Chairperson

Please provide the name and qualifications of the director or administrator of the organization.  
 Name: Linda Acker

Qualifications: 27 years of experience as CEO; Wyoming Licensed Professional Therapist

Federal Employment ID #: 83-0205729  
 Unique Entity Identification Number: 83-0205729

**SECTION 1.3 Board of Directors**

- Please provide the name and email address of all officers on the board of directors. Add additional lines as necessary.**

Name of Officer	Email Address
Kayleen Logan	logank@sweetwatercountywy.gov
Raven Beattie	beattier@sweetwatercountywy.gov
Kristy Kauppi	kauppik@sweetwatercountywy.gov
Gregory Orton	ortong@sweetwatercountywy.gov
Kori Rossetti	rossettik@sweetwatercountywy.gov
April Thompson	thompsona@sweetwatercountywy.gov
Commissioner Keaton West – ex.officio	westk@sweetwatercountywy.gov

**SECTION 1.4 Organization Administration**

- Using the format below, list ALL staff positions who provide services reported to the Division. This list should include the director, all staff whose salaries, whether partial or full, is paid through this funding. Include all vacant positions. If staff is part-time, indicate the portion of that time in the FTE column. Add additional lines as necessary. THE CHART MUST BE LISTED BY INDIVIDUAL POSITION, NOT CATEGORIES OF STAFF OR GROUPS. LIKEWISE, THE SALARY LISTED MUST BE INDIVIDUALIZED - DO NOT PROVIDE SALARY RANGES. (Wyo. Stat. Ann. §18-3-516(e) “Any nonprofit corporation which receives at least twenty-five percent (25%) of its total annual budget from county funds, state funds or both in combination shall annually submit a list of all full-time positions employed by the corporation and the wages and salaries paid each position, without the name of the employee, to the commission, board, council or agency from which the funds are received.”)**



Position Title	Primary Job Function (i.e., CEO, IT, data, therapist, med management, case manager, peer specialist, etc.)	Credentials/ Degree	Annual salary including benefits (as of November, 2024)	FTE (%)	Is position filled or vacant?
Treatment Support Team Member	Support		17,806.66	0.45	Filled
Treatment Support Team Member	Support		45,465.74	1.00	Filled
Treatment Support Team Member	Support		46,548.76	1.00	Filled
Treatment Support Team Member	Support		48,577.92	1.00	Filled
Treatment Support Team Member	Support		53,181.25	1.00	Filled
Treatment Support Team Member	Support		41,505.21	1.00	Filled
Treatment Support Team Member	Support		16,614.97	0.40	Filled
Treatment Support Team Member	Support		46,494.66	1.00	Filled
Treatment Support Team Member	Support		46,075.39	1.00	Filled
Treatment Support Team Member	Support		47,542.78	1.00	Filled
Treatment Support Team Member	Support		46,756.66	1.00	Filled
Treatment Support Team Member	Support		42,507.76	1.00	Filled
Treatment Support Team Member	Support		24,453.55	0.55	Filled
Treatment Support Team Member	Support		17,112.04	0.40	Filled

Treatment Support Team Member	Support		17,797.82	0.40	Filled
Treatment Support Team Member	Support		45,464.96	1.00	Filled
Treatment Support Team Member	Support		23,524.50	0.55	Filled
Treatment Support Team Member	Support		47,542.78	1.00	Filled
Treatment Support Team Member	Support		17,800.35	0.55	Filled
Treatment Support Team Member	Support		43,740.01	1.00	Filled
Treatment Support Team Member	Support		49,333.31	1.00	Filled
Treatment Support Team Member	Support		46,050.14	1.00	Filled
Treatment Support Team Member	Support		45,453.96	1.00	Filled
Treatment Support Team Member	Support		45,389.98	1.00	Filled
Treatment Support Team Member	Support		43,736.80	1.00	Filled
Treatment Support Team Member	Support		52,404.01	1.00	Filled
Treatment Support Team Member	Support		45,477.59	1.00	Filled
Treatment Support Team Member	Support		31,657.30	0.60	Filled
Treatment Support Team Member	Support		50,374.86	1.00	Filled
Treatment Support Team Member	Support		43,727.60	1.00	Filled
Treatment Support Team Member	Support		43,775.43	1.00	Filled

Treatment Support Team Member	Support		44,976.34	1.00	Filled
Treatment Support Team Member	Support		26,673.81	0.60	Filled
Treatment Support Team Member	Support		29,041.82	0.70	Filled
Treatment Support Team Member	Support		43,111.25	1.00	Filled
Treatment Support Team Member	Support		45,787.84	1.00	Filled
Treatment Support Team Member	Support		43,750.18	1.00	Filled
Treatment Support Team Member	Support		43,740.01	1.00	Filled
Treatment Support Team Member	Support		43,740.54	1.00	Filled
Treatment Support Team Member	Support		42,432.52	1.00	Filled
Treatment Support Team Member	Support		46,050.14	1.00	Filled
Treatment Support Team Member	Support		30,395.37	0.60	Filled
Treatment Support Team Member	Support		48,371.41	1.00	Filled
Treatment Support Team Member	Support		57,639.91	1.00	Filled
Treatment Support Team Member	Support		48,732.91	1.00	Filled
Treatment Support Team Member	Support		47,530.15	1.00	Filled
Treatment Support Team Member	Support		45,426.63	1.00	Filled
Treatment Support Team Member	Support		43,711.55	1.00	Filled

Treatment Support Team Member	Support		45,464.96	1.00	Filled
Treatment Support Team Member	Support		47,506.75	1.00	Filled
Treatment Support Team Member	Support		45,426.33	1.00	Filled
Treatment Support Team Member	Support		43,750.18	1.00	Filled
Treatment Support Team Member	Support		43,738.33	1.00	Filled
Treatment Support Team Member	Support		43,740.01	1.00	Filled
Treatment Support Team Member	Support		43,738.33	1.00	Filled
Clinician	Clinical	MA LPC	108,881.16	1.00	Filled
Clinician	Clinical	MSW PCSW	78,284.28	1.00	Filled
Mental Health Manager	Clinical	MA LPC	184,973.22	1.00	Filled
Certified Addictions Practitioner	Clinical	CAP	68,644.28	1.00	Filled
Outpatient Recovery Supervisor	Clinical	MSW LCSW	121,176.29	1.00	Filled
Case Manager	Case Management	BS	51,828.42	1.00	Filled
Case Manager	Case Management	BS	58,846.55	1.00	Filled
Peer Specialist	Peer Support		67,116.63	1.00	Filled
Program Operations Supervisor	Clinical		86,337.30	1.00	Filled
Med Room Tech	Support		49,571.94	1.00	Filled
Clinician	Clinical	MSW LCSW	80,176.15	0.70	Filled
Case Manager	Case Management		66,807.46	1.00	Filled
Medical Assistant	Medical	Medical Assistant	57,986.54	1.00	Filled

Clinician	Clinical	MSW PCSW	78,208.45	1.00	Filled
Clinician	Clinical	BSW CSW	72,980.50	1.00	Filled
Case Manager	Case Management	BSW	53,056.05	1.00	Filled
Case Manager	Case Management	BA	70,617.42	1.00	Filled
Prevention Specialist	Prevention	BS	46,870.09	0.95	Filled
Case Manager Supervisor	Case Management	BA	84,563.44	1.00	Filled
Clinician	Clinical	MSW PCSW	79,609.24	1.00	Filled
Clinician	Clinical	MSW PCSW	80,370.55	1.00	Filled
Peer Specialist	Peer Support		47,727.52	1.00	Filled
Nurse Practitioner	Medical	MS APRN, FNP-BC	190,681.06	1.00	Filled
Prevention Specialist	Prevention	BS	51,139.39	0.95	Filled
Clinician	Clinical	MA LAT	100,161.23	1.00	Filled
Clinician	Clinical	MSW LCSW	46,773.06	0.48	Filled
Program Operations Supervisor	Clinical		79,274.35	1.00	Filled
Clinician	Clinical	MA PPC	80,342.74	1.00	Filled
Psychosocial Manager	Clinical	MS LPC	146,345.14	1.00	Filled
Clinician	Clinical	MSW PCSW	78,871.72	1.00	Filled
Admissions Case Manager	Case Management	BSW	58,352.68	1.00	Filled
Day Care Attendant	Support		53,385.04	1.00	Filled
Case Manager	Case Management	BA	59,393.11	1.00	Filled
Clinician	Clinical	MS LPC	100,108.95	1.00	Filled
Clinician	Clinical	MS PPC	77,391.94	1.00	Filled
Clinician	Clinical	MSW LCSW	98,505.94	1.00	Filled

Peer Specialist	Peer Support		49,558.39	1.00	Filled
Non Degreed Case Manager	Case Management		56,054.03	1.00	Filled
Case Manager	Case Management	BS	22,876.01	0.40	Filled
Case Manager	Case Management	BS	61,615.62	1.00	Filled
Residential Coordinator	Clinical	BA	84,171.97	1.00	Filled
Clinician	Clinical	BSW CSW	75,410.75	1.00	Filled
Case Manager	Case Management	BA	29,099.53	0.35	Filled
Med Room Tech	Support		51,305.87	1.00	Filled
Clinician	Clinical	MS LCSW	100,639.63	1.00	Filled
Recovery Manager	Clinical	MSW LCSW ACSW	205,074.29	1.00	Filled
Clinician	Clinical	MA LPC LAT	121,015.92	1.00	Filled
Case Manager	Case Management	BA	59,176.89	1.00	Filled
Clinician	Clinical	MA LPC	41,906.19	0.30	Filled
Case Manager	Case Management	BS	54,488.52	1.00	Filled
Case Manager	Case Management	BS	51,823.31	1.00	Filled
Peer Specialist	Peer Support		47,784.58	1.00	Filled
Peer Specialist	Peer Support		62,075.73	1.00	Filled
Cook	Support		15,988.69	0.30	Filled
Case Manager	Case Management	BA	53,668.14	1.00	Filled
Clinician	Clinical	MSW LCSW	94,164.33	1.00	Filled
Child & Adolescent Manager	Clinical	MSW LCSW	136,436.10	0.80	Filled
Nurse Practitioner - Psychiatric	Medical	MS APRN	190,681.06	1.00	Vacant
Treatment Support Team Member	Support		43,738.33	4.00	Vacant

**SECTION 1.5 Facility Information**

1. Provide the facility information requested below. Add additional lines as necessary.

Facility Name	Agency Code (For current contracted Centers only)	Type of Facility (e.g., Outpatient Clinic, Group Home, etc.)	Address	Services Provided at this Location	Hours of Operation
SIP	016001	Mental Health Residential	Silver Ridge Apts. Rock Springs, WY 82901	Required MH Regional: Long Term Group Home	24/7
Transitions	016002	Mental Health Residential	1901 Churchill Rock Springs, WY 82901	Required MH Regional: Transitional Group Home	24/7
Sweetwater	016006 (Crisis Stabilization) and 100214 (Social Detoxification)	Mental Health Residential and SUD Detoxification	3310 Sweetwater Rock Springs, WY 82901	Required MH and SUD Regional: Short Term Locus 4 & 5: SUD Detoxification	24/7
White Mountain	016013	Mental Health Residential	3416 White Mountain Blvd. Rock Springs, WY 82901	Required MH Regional: Long Term Group Home	24/7
Century	100205	Substance Abuse Residential	2061 Century Rock	Required SUD Regional:	24/7

			Springs, WY 82901	Primary Residential	
Duran	100205	Substance Abuse Residential	2061 Century Rock Springs, WY 82901	Required SUD Regional: Primary Residential	24/7
Washakie	100208	Substance Abuse Residential	795 Duran Dr.  Rock Springs, WY 82901	Required SUD regional: Primary Residential- Pregnant Women or Women w/ Children	24/7
Sober Living	100213	Substance Abuse Residential	Shadow Ridge Apts. Rock Springs, WY 82901	Required SUD Regional: Transitional Housing	24/7
College Drive	016000, 900202	Outpatient Services (Predominantly MH/Some SUD)	1124 College Dr. Rock Springs, WY 82901	All required and optional MH and all required and optional SUD outpatient	M:8am- 8pm  T:8am- 6:30pm  W:8am- 8pm  Th:8am- 6:30pm  Friday:8am- 1pm
Foothill	900202, 016000	Outpatient and Residential Treatment (Predominantly	2300 Foothill Blvd. Rock Springs,	All required and optional SUD and all required and	M: 8am- 8:30pm  T: 8am-



		SUD/Some MH	WY 82901	optional MH outpatient	6:30pm W:8am-8:30pm Th:8am-6:30pm F: 8am-7:30pm
Ankeny Way	016000, 900202	Outpatient Services; Primary Health Clinic	2706 Ankeny Way Rock Springs, WY 82901	All Required and Optional MH	M-Th:8am-5pm F:8am-12pm

**SECTION 1.6 Partnerships and Collaborations**

1. In the format below, please describe your organization’s relationship with other community partners (e.g., child welfare, primary care, criminal justice, and courts). Who are your primary partners and on what topics do you collaborate? Please provide the date when agreements will be received by the Division. In section 1.8 of this application, please attach copies of current formal written agreements your agency has with partners. If awarded, prior to any payment being issued, a current formal written agreement with the following entities in each County served must be approved and on file with the Wyoming Department of Health, Behavioral Health Division:

- a. Law Enforcement
- b. Schools
- c. Hospitals
- d. Jails (County jails or detention centers)
- e. Ambulance Services
- f. Wyoming Lifeline (988)
- g. Central Wyoming Counseling Center (988)

Partner	Brief description of topics of collaboration	County	Does your agency have a formal written agreement with this partner? (Yes/No)	If no, please provide an approximate date when a formal written agreement will be received
Department of Family Services	DFS is a primary referral source for treatment services at SCS. SCS provides treatment expertise;	Sweetwater	No	

	MDT's and collaborates together on a number of treatment and community projects.			
Wyoming Department of Corrections	SCS's partnership with DOC is strong. DOC provides a Probation Officer to the Foothill Facility, and regular meetings between staff are held. SCS works in collaboration with DOC in the coordination of services for individuals on probation.	Sweetwater	Yes	Attached
Law Enforcement: RSPD, GRPD, SWCS	SCS works in collaboration with law enforcement on critical debriefing teams, response to mental and drug/alcohol issues and concerns and community collaborations.	Sweetwater	No	
Memorial Hospital of Sweetwater County	SCS provides services at MHSC and collaborates with on Title 25, detox, crisis stabilization and all other services.	Sweetwater	No	Detox, Crisis Stabilization, Title 25 outlined in County Agreement
Prevention Management Organization	SCS collaborates with PMO on their prevention coalitions and provides expertise and services with the prevention scope of practice	Sweetwater	No	
Department of Vocational Rehabilitation	All areas of SCS services refer clients to DVR for employment services and job coaching. SCS works with DVR to maximize these benefits to clients.	Sweetwater	No	
Head Start	SCS provides onsite treatment	Sweetwater	Yes	

	services to pre-school children.			
Local medical and social service agencies	SCS collaborates with all local medical and social service agencies to provide the best wrap-around services for our clients.	Sweetwater	No	N/A
Pioneer Counseling Services	SCS and Pioneer have been collaborating on regional mental health treatment services since September 2012.	Uinta	Yes	Contractual Agreement between SCS and PCS.
STAR Transportation	SCS works with STAR to provide transportation to SCS clients.	Sweetwater	No	SCS purchases bus passes for SCS clients.
Wyoming State Hospital	SCS has long provided WSH liaison to coordinate care and discharge planning with the Wyoming State Hospital. The liaison has a standing weekly telephone appointment with WSH staff to provide the best continuity of care.	West Region	No	SCS has weekly calls with hospital to assist with clients returning to the community.
HCBC	SCS partners with the WAMHSAC providers in the West Region on MH/SA residential services.	West Region	No	
Multiple Regional & Statewide Referral Agencies	SCS communicates weekly with different referral agencies for both mental health and substance abuse services such as hospitals, judges, defense attorneys, drug court, etc.	Sweetwater	No	
Western Wyoming Community College	SCS utilized WWCC for client educational needs, including GED testing. Collaboration occurs on community	Sweetwater	No	

	awareness initiatives.			
Treatment Court of Sweetwater County	SCS is the treatment provider for treatment Court and works with all participating agencies including SCTC staff, judge, Probation and Parole, law enforcement, defense and prosecuting attorneys, etc.	Sweetwater	Yes	Attached
Sweetwater County	SCS collaborates with Sweetwater County on the services provided by SCS.	Sweetwater	Yes	Attached

**SECTION 1.7 Service Delivery Plan**

- 1. Describe your agency’s ability to provide a range of comprehensive and integrated behavioral health services that support quality care to the priority populations. Please include a list of Evidence Based Practices delivered through your agency’s programs and services. Limit your response to two (2) pages.**

SCS provides comprehensive and integrated services by offering a holistic approach to treatment that addresses the full spectrum of mental health and substance disorders with their physical health needs. When a person comes into SCS, the most crucial step to ensure individualized treatment is conducting a thorough and comprehensive assessment. This initial evaluation helps to gather detailed information about the individual's mental health/substance disorder history, current symptoms, complaints, physical health, social circumstances, and any other relevant factors such as court documents, hospitalizations, or any other life circumstance situation. By understanding the unique needs, strengths, and challenges of each person, the clinician/team can develop a personalized treatment plan that addresses their specific issues. SCS is able to provide mental health/substance disorder from outpatient to residential services with additional services of peer specialist involvement, psychiatric medication management, medically assisted medication management, and case management services. The treatment plan is flexible and regularly updated to reflect the individual's progress and any changing needs. Engaging the person in the assessment process and considering their preferences and goals are also essential for fostering a collaborative and effective therapeutic relationship. The treatment is individualized and intended to meet the therapeutic needs of the individuals. With all of the priority populations, SCS treatment team will work with appropriate community services and agencies while utilizing evidence based treatment to enhance positive outcomes of the priority populations. With the criminogenic client, SCS will

work collaboratively with the criminal justice system, including probation offices and legal advocates to promote long term recovery and reintegration into the community. For the SMI adult population, SCS does have comprehensive services for the individuals and works collaboratively with the Wyoming State Hospital and Wyoming Behavioral Institute for discharges coming into the community. SCS goal is for the individuals to achieve the highest level of independent living situation while maintaining their quality of life and community integration. SCS on-call services also provides a step down into services and potentially into residential services if appropriate. SCS on-call actively works to divert individuals away from hospitalizations and remain in the community with community support.

Families/SED children is a family center approach since families play a vital role in their child's mental health and well-being. Comprehensive care involves a combination of therapy modalities, play therapy, individual and family to improve the family dynamic and outcomes. Continuous collaboration between healthcare providers and other community resources are essential in addressing the challenges of SED children/adolescents and their families. SCS is very capable of addressing the priority populations' needs with positive outcomes.

SCS utilizes the following Evidenced based Treatment:

1. **Cognitive-Behavioral Therapy (CBT):** Focuses on changing negative thought patterns and behaviors to improve mental health.
2. **Dialectical Behavior Therapy (DBT):** Combines cognitive-behavioral techniques with mindfulness practices to help manage emotions and improve relationships.
3. **Acceptance and Commitment Therapy (ACT):** Encourages individuals to accept their thoughts and feelings rather than fighting or feeling guilty for them, and to commit to making necessary behavior changes.
4. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** Designed to help children and adolescents recover from trauma and related emotional and behavioral difficulties.
5. **Motivational Interviewing (MI):** A client-centered approach that enhances motivation to change by exploring and resolving ambivalence.
6. **Family Therapy:** Involves family members in therapy to improve communication, resolve conflicts, and support the individual's recovery.
7. **Medication-Assisted Treatment (MAT):** Combines medications with counseling and behavioral therapies to treat substance use disorders.
8. **Mindfulness-Based Stress Reduction (MBSR):** Uses mindfulness meditation to help reduce stress and improve emotional well-being.
9. **Early Serious Mental Illness (ESMI):** SCS utilizes this model to identify early onset of SMI and improve outcomes of managing symptoms, medications and support systems.
10. **Illness Management and Recovery: This is a treatment model SMI with the goals of empowering them to manage their illness and make informed decision.**

11. **Experiential Therapy:** Includes activities like role-playing, arts and crafts, music, and guided imagery to help individuals express emotions and develop coping skills.
12. **Integrated Dual Disorder Treatment (IDDT):** Addresses both mental health and substance use disorders simultaneously for individuals with co-occurring conditions.
13. **Accelerated Resolution Therapy (ART):** Designed to assist individuals overcome trauma and other mental health issues quickly and effectively.
14. **Eye Movement Desensitization and Reprocessing (EMDR):** Therapist guides the individual through a series of eye movement to process distressing memories, reduce emotional impact and allow more adaptive outcomes.
15. **Substance Use Disorder Treatment:** Comprehensive Assessment to individualized therapy including residential treatment. Utilization of ASAM Criteria
16. **Mental Health Treatment:** Comprehensive Assessment to individualized therapy including residential treatment
17. **Psychiatric Assessment and Medication Management:** Assessment by psychiatrist or nurse practitioner for use of appropriate medications.
18. **Anger Management Program:** Develop skills to manage anger and reduce aggressive behaviors.
19. **Trauma Informed Weekend Retreats:** SCS provides weekend retreat for individuals suffering from trauma to develop coping skills and work through emotional issues.

These treatments tailored to meet the specific needs of individuals and are supported by research demonstrating their effectiveness.

2. **Describe how your agency’s staffing patterns and number of staff are adequate to provide the continuum of services required and the requested optional services. Limit your response to two (2) pages.**

For FY 24, SCS had a total of 139 employees and successfully hired the needed master level clinicians for operations. The implementation of a new policy that offers paid internship for Master level interns (15 hours a week) that are employed with SCS has been a way to gain more full time clinicians when they are finished with their internship. For this time period, SCS had two interns who became provisionally licensed clinicians, one fully licensed from an external source and another intern who did not receive the 15 hours and became a provisionally licensed clinician. SCS is constantly recruiting due to mobility and career opportunities for master clinicians. Presently, SCS has full constellation of services and providers to meet the demands of Behavioral Health Redesign.

Presently SCS staffed by a diverse team of professionals, each playing a crucial role in providing comprehensive care to clients. Starting at the front desk, **clerical staff** manage administrative tasks such as scheduling appointments, completing necessary forms and documentation, managing client records, and providing necessary information to clients. **Billing Staff** handling billing and insurance for the clients. Their efficiency and friendliness ensure smooth operations and create a welcoming environment for clients. Providers, including psychiatrists, psychiatric nurse practitioners and licensed clinicians provide direct therapeutic services, conduct assessments, and develop personalized treatment plans. These professionals are central to

diagnosing and treating mental health and substance disorders employing various evidence-based therapies and interventions to support client recovery and reintegration into the community.

**Psychiatric Service Provider** providers play a crucial role at SCS by offering specialized care for MH/SUD/Co-Occurring disorders. SCS has one full time psychiatric telehealth nurse practitioner, 10 hours a week from a board certified children and adolescent psychiatrist and 10 hours a week nurse practitioner for Substance Use Disorders. These psychiatric providers provide diagnosis, assessment, medication management and work in collaboration with SCS treatment teams.

**Family Nurse Practitioner** (NPs) provides medical support, including medication management, physical health assessments, and coordination of care. The family practitioner work closely with SCS treatment teams to ensure appropriate care. **Master Level Clinicians** provide a variety of responsibilities for SCS from assessment and diagnosis, evidenced based therapy and counseling, treatment planning, coordination of care management for all services, crisis intervention and documentation of client's progress, treatment plans and goals. Clinicians also engage in community outreach. **Peer specialists**, individuals with lived experience of mental health challenges, provide invaluable support and mentorship to clients by offering hope and practical advice from their own recovery journeys. **Case managers** help connect clients with community resources, such as housing, employment, and social services, ensuring that all aspects of their well-being are addressed. This multidisciplinary team approach ensures that patients receive holistic, integrated care that addresses their mental, physical, and social health needs.

**Treatment Support** staff provide coverage for mental health and substance disorder residential settings. They play a crucial role in maintaining a safe and therapeutic environment for clients. They monitor clients' behavior, enforce rules and routines and assist with daily living skills if required. Treatment support staff provide a constant presence and engagement with the clients to foster stability, consistence, and build trust which is crucial for the therapeutic process. Treatment Support are also trained to recognize and respond to crises, provide medications as prescribed, and document clients' progress. Treatment Support works closely with clinicians and case managers to implement individualized treatment plans, provide feedback, and adjust interventions as needed.

SCS teamwork is essential for delivering high-quality, comprehensive care to clients. The collaboration among various professionals, including clinicians, peer specialists, nurse practitioners, case managers, and administrative staff, ensures that every aspect of a client's well-being is addressed. Each team member brings their unique expertise and perspective, contributing to a holistic approach to treatment. This multidisciplinary teamwork fosters open communication, mutual support, and a shared commitment to the clients' recovery and overall health. By working together, the team can develop and implement effective treatment plans, quickly respond to any changes in a client's condition, and provide a supportive, cohesive environment. This collaborative spirit not only enhances the effectiveness of care but also creates a positive, empowering atmosphere for both clients and staff. SCS staff is committed to have the best outcomes for the clients and their recovery process.

**3. Describe your strategy and specific programming for providing services to each priority population listed below. Limit your response to three (3) pages.**

- a. State Level Justice Involved
- b. Nonstate Level Justice Involved
- c. Families at High Risk
- d. Adults with Acute Mental Illness
- e. Adults with Severe Mental Illness
- f. Indigent Clients with High Needs
- g. Indigent General Access Clients
- h. Persons Who Inject Drugs
- i. Pregnant or Parenting Women
- j. Veterans

**State Level Justice/Nonstate Level Justice Involved:** SCS has worked with this population for years by having a multifaceted approach that targets factors contributing to criminal behaviors. The comprehensive assessment identifies the individual's mental health and substance disorder issues, criminogenic risk factors, such as antisocial attitudes, behaviors and peers. Based on this assessment, an individualized treatment plan is developed that includes evidenced based intervention like cognitive behavioral therapy, to address criminal thinking patterns, substance use treatment to manage addiction and mental health issues addressing bi-polar, anxiety, depression, and PTSD. SCS works with the clients to resolve trauma issues and healing. SCS also provides psychiatric services, medically assisted treatment and working in collaboration with the criminal justice system. In addition, clients will receive if warranted individual, group, peer support, connection to employment, and assistance in community living and after care services. SCS clinician will utilize ART, CBT, DBT, art therapy as well as journal writing.

**Families at High Risk:** Families at high risk require a range of comprehensive services to address their complex needs and promote stability starting with a comprehensive assessment detailing the needs, strengths and issues of the family. SCS provides individual and play therapy for families addressing emotional and psychosocial challenges. SCS provides for substance disorder treatment for parents/caregivers if appropriate. Case Management is essential, providing personalized support and connecting families with necessary resources such as housing, food assistance. SCS also provides parenting support and education group for effective parenting techniques. SCS has been providing services at the Child Developmental Center, working with school personnel and seeing children/adolescents at the facility, as well as, an increase of on-call situation. SCS has clinicians who specialize in play therapy, transgender issues, abuse and trauma issues as well as depression and anxiety. SCS has a child/adolescent psychiatrist who specializes in this area and works with the clinician to provide the most effective services.

**Adults with Acute Mental Illness:** SCS provides 24-hour emergency services for Sweetwater County and provides for consultation at the local hospital and county jail. SCS also provides for



walk in emergencies at Ankeny, College Hill and Foothill facilities. SCS clinicians will complete an assessment outlining the emergent situation and determine possible resolutions from being hospitalized (Title 25) to community based treatment into a safe environment and safety plan in place. Clinician will ensure the individual's safety and well-being. The clinician will do a **risk assessment** to determine if the individual poses a danger to themselves or others. This includes evaluating for suicidal ideation, self-harm behaviors, or potential aggression. Individuals would be released with a safety and follow up plan.

**Adults with Severe Mental Illness:** SCS has been working with this population for years providing for a continuum of care from clinical assessment to mental health residential housing. This population requires a comprehensive range of service to address their complex needs and promote stability, resilience and recovery. At times, these individuals will require inpatient psychiatric care to provide intensive treatment. SCS Outpatient Services include individual, group and family counseling with medication management to help manage symptoms. These individuals also receive medical services and coordination with other medical providers in the community. A Case Manager is assigned to each individual to navigate health care systems, access necessary resources and coordinate care among providers. Treatment Support Staff provide role models for daily living skills for individuals to gain greater independence. Peer Support is utilized to provide mentoring, encouragement and foster a sense of hope and connection. SCS also provides substance use treatment and crisis intervention to provide immediate support during a crisis. Each individual has an individualized plan with the goal of each person attaining the highest level of healthy, independent living. This population has diverse needs and SCS promotes long-term recovery and integration into the community through participation in community events, and outings. SCS treatment team works with family members, guardians, and other entities to ensure the best possible outcome for individuals with a serious mental illness.

**Indigent Clients with High Needs:** SCS works with indigent clients. These individuals would receive the comprehensive assessment including mental health and substance disorder and individualized treatment plan plus connection with community resources. Clients would be able to access the services of SCS.

**Indigent General Access Clients:** SCS would provide the necessary level of care experienced by other clients of the agency. SCS would also assist in benefit plans and resources for the individual and connection to family if possible.

**Person Who Inject Drugs:** High priority population. Individuals would need to be medically cleared for admittance into residential services and receive appropriate medication for detoxification. This may be a medical setting. Once the individual is cleared medically, the individual would receive the array of services from Southwest Counseling Service potentially including Medication Assisted Treatment, psychiatric management and substance disorder treatment and after care.

**Pregnant or Parenting Women:** SCS has been providing this service since 2000 with 131 babies born in the program. This is a high priority population for admission into substance disorder treatment. SCS provides comprehensive services to address their unique needs. These service include substance use disorder treatment, medical, medication-assisted treatment, psychiatric appointments, individual and group therapy. Mental health services include trauma-informed care and to address issues of bi-polar, anxiety, and depression. Prenatal and postnatal care is essential to ensure the health of the mother and the baby. Parenting and life skill training are provided to develop skills needed to care for their children and a build a stable life. SCS provides a safe and nurturing environment for the children and role models for the mothers. SCS also assist the individuals with reunification to help build relationship with other family members.

**Veterans:** SCS does have Veterans come into the agency. This population has unique needs and challenges. SCS provides treatment for PTSD, depression, and anxiety with connection to physical health for injuries sustained during service. SCS also assist with benefits and case management for Veterans. The full array of services are available to the Veterans and work with family to include individual and couple.

For all these populations, SCS will work to provide the most effective treatment with linkage to health care, housing assistance, employment, education opportunities and family and community connections. SCS implements evidenced based services to work with all populations.

**4. Describe your agency’s exclusionary criteria for EACH priority population. Limit your response to two (2) pages.**

SCS primary goal is to have individuals enter into treatment. At times due to their specialized circumstances, SCS will not accommodate due to safety of employees and clients. In some cases, the severity of the individual condition is too high for SCS to manage safely without specialized resources. Individuals who are actively using substances and unwillingness to address the issues. Aggressive and out of control behaviors may result in individuals not being allowed. Some criminal issues may exclude an individual certain violent criminal backgrounds and convicted sex offenders are not allowed into residential settings. Lack of capacity may also be a reason that SCS will not take new client until space is available.

**5. Describe your agency’s admissions process. Please include details on open access, appointment availability, and how the Medicaid application process is completed for all clients. Limit your response to two (2) pages.**

SCS Admission Process:

Initial Contact.

- Clients can contact SCS by phone, email, the website or in person regarding SCS services. Upon contact the clerical staff will screen the client by gathering basic

information such as, what type of services the client is looking for, if there are any third parties involved. The clerical staff will then determine the urgency of the client's needs.

- Clients will be explained the difference between scheduled appointments, open access and Tele Health appointments to determine which will work best for the client.
- The clerical staff will explain the paperwork needed such as court paperwork, proof of gross household income, insurance information and options to complete paperwork via text, email, or in person.
- The clerical staff will explain Behavioral Health redesign and the sliding fee scale.
- The client will be given a time to arrive depending on the type of appointment and paperwork needed.

#### Initial appointment.

- The clerical staff will complete and go over any necessary forms with the client including, screening instruments and any releases of information needed. Clerical will input paperwork and information into the clients EHR.
- The Clerical staff will ensure that the individual reads, understands, and signs the Consent to Treatment and Financial Agreement form.
- Clients will receive an orientation by clerical including but not limited to Client Rights, SCS Code of Ethics for the Treatment of Clients, Safety Orientation for the facility, Confidentiality Policy, Notice of Privacy Practice, Client Responsibilities and Grievance Procedure.
- Client will be screened at intake for the Behavioral Health Redesign either before or right after the assessment. If for any reason the screening cannot be completed the day of the assessment an appointment for the screening will be made within five (5) business days.
- For Tele Health appointments Paperwork and orientation will be completed electronically and over the phone.

#### Assessment.

- Client will meet with the Clinician, the Clinician will complete a comprehensive Clinical Assessment interview.
- Clinicians will explain and orient clients to the purposes and processes involved in Clinical Assessments, conjoint treatment planning, and information regarding transitions to other types of care.
- Clinicians, upon interpretation of the client's paperwork, the Clinical Assessment instruments given, and the Clinical Assessment, will conjointly develop a plan of treatment and decide upon an appropriate level of care for each client individually.

#### Follow ups

- Upon completion of the assessment a follow-up appointment will be scheduled to ensure continuity of care.

#### Emergency Admissions

- Clients in crisis situations may be admitted on an emergency basis. Emergency admissions will follow expedited assessment and documentation procedures.

**6. Describe how case management is integrated into the treatment process. Limit your response to one (1) page.**

SCS Case management is a cornerstone of effective care providing personalized support to individuals navigating mental health and substance use challenges. The primary goal of case management is to ensure that clients receive comprehensive, individualized coordinated care that addresses their unique needs and fosters long-term recovery and stability. Case Managers are assigned to each service area of the agency to ensure holistic approach to treatment and better outcomes for individuals. Case Managers work collaborative with SCS treatment team to develop individualized care plans that outline specific goals, interventions, and services tailored to the client's needs.

Case managers play a crucial role in coordinating care among various providers, including clinician, nurse practitioners, psychiatrists, primary care physicians, and other social services. They ensure that all aspects of a client's health are addressed, from mental and physical health to social and economic needs. By facilitating communication and collaboration among providers, case managers help create a seamless continuum of care, reducing the risk of fragmented or duplicated services. Case Managers assist clients in paperwork requirement of BHR, Medicaid, Medicare and Social Service Disability to ensure paperwork is complete and accurate.

Case management connect individuals with necessary resources and services. This includes identifying and referring clients to community resources such as housing assistance, vocational training, educational programs, and legal aid. Case managers are knowledgeable about available services and work to remove barriers to access, ensuring that clients receive the support they need to achieve their recovery goals.

Case managers act as advocates for their clients, helping them navigate the healthcare system, understand their rights, and access necessary treatments. They empower clients to take an active role in their recovery by providing education, support, and encouragement. By fostering a sense self-efficacy, case managers help clients build the skills and confidence needed to manage their conditions and live independently and achieve positive outcomes of living.

SCS case management is not a one-time intervention but an ongoing process of monitoring and support. Case managers regularly check in with clients to assess their progress, address emerging issues, and adjust care plans as needed. This continuous engagement helps ensure that clients stay on track with their treatment goals and receive timely interventions to prevent relapse or crisis.

SCS case managers provide immediate support and intervention, helping clients stabilize and access urgent care. They coordinate with emergency services, provide emotional support, and develop safety plans to address acute needs. By being available during critical moments, case managers play a vital role in preventing escalation and promoting recovery.

SCS case management in behavioral health centers is an essential service that ensures clients receive personalized, coordinated, and comprehensive care. By addressing the diverse needs of individuals with mental health and substance use disorders, case managers promote recovery, stability, and improved quality of life.

**7. Describe what measures are put into place to ensure your agency is not engaging in duplicative billing. Limit your response to one (1) page.**

SCS EHR is designed to have a waterfall effect, all clients have a contractual allowance between payors and this prevents the system from billing more than one payor. To prevent double billing the Accounts Receivable Department at SCS has segregated duties, and has multiple accuracy checks in place. Financial set ups and charges must be accurate to prevent a billing error.

The following is SCS Financial Set Up:

The AR Clerk positions enter the charges and completes the financial set up for each client. When a client lists a third party payor, eligibility is checked to make sure that payor is primary. If corrections are required, the accurate information is entered into the EHR. Our EHR is designed to have a waterfall effect; all clients have a contractual allowance between payors, to prevent the system from billing more than one payor. The AR Supervisor runs reports out of the EHR to ensure all clients have an accurate financial set up. The AR clerk completes any corrections to the financial set up that are found by the AR Supervisor.

Charges:

Charges are generated from the clinicians schedule and then posted by the AR Clerks, generating the charges for the bills. The AR Clerks each have a different set of program charges that they are responsible for, and the charges are then verified by the AR Supervisor.

Billing:

Once the billing cycle is complete, all charges are verified by the AR clerk and then once more by the AR Supervisor and moved to production. During the billing production stage, the AR Supervisor then verifies all third party payors again as the batches are created to generate the claims. For all paper claims once printed, the claims are checked again for accuracy before being mailed out. For BHR and Medicaid claims, eligibility is checked within the Medicaid system prior to billing to ensure that the client does not have any Third Party Liability.

Electronic claims are pushed out using a clearinghouse that does an additional layer of checking and will reject any duplicate billing.

In the event that an error does happen, primarily due to a retroactive change in the clients insurance or lack of coordination of benefits with the insurance companies, the original claim is voided and the entity is paid back if necessary via void adjustments.

This system allows SCS to have multiple layers of protection and ensure accurate information is entered and billed out.

**8. Describe how your agency participates in the development and implementation of a community disaster plan. Limit your response to one (1) page.**

SCS participates with the Emergency Management System in Sweetwater County for drills and to identify potential issues. Sweetwater County Emergency Management is able to train and provide preparedness information to enable agencies to better prepare for an emergency or disasters. One area of concern is the rail line in Sweetwater County since it runs through Rock Springs and Green River Cities. SCS has several buildings within approximately one mile of the rail lines. It is important to know where people would be evacuated. Working with emergency personnel has assisted SCS in identification of security issues related to the facilities and what needs to occur to make facilities more secure from individuals who want to cause harm.

SCS preparedness for facilities is also due to weather conditions and facilities having food, transportation fleet prepared and back-up personnel if individuals are unable to make it to work. All residential facilities have at least one week of food at the residences.

SCS is CARF accredited and has to have emergency responses for a variety of disasters and practices drills in all offices at all times of the day or night. All SCS building are equipped with emergency kits and supplies.

**9. Describe how recovery support services are delivered at your agency. This may include services provided by peer specialists, transportation, help with basic needs, and any additional services that increase an individual's long-term recovery and quality of life. Limit your response to one (1) page.**

Recovery support services are essential components of SCS efforts to promote long-term recovery and stability for individuals with mental health and substance use disorders. These services provide comprehensive, person-centered support that addresses both clinical and non-clinical needs, helping individuals build a foundation for sustained wellness. Areas addressed are employment, education, housing support, medical and transportation. In addition to family and community support, comprehensive recovery support include physical and overall wellness. SCS treatment team approach involves clinicians, case managers, psychiatric providers with Peer Specialist and Case Manager being pivotal roles in recovery support services. Transitioning from intensive therapy is a challenging process that requires after care groups, support group and connection to meaningful relationships that have assisted in the recovery process. Peer Specialist are trained to provide mentorship and support to individuals on their recovery journey. Peer Specialist are assigned to an individual and help achieve personal goals, building resilience and foster hope and empowerment to clients to take an active role in their recovery and to maintain

motivation during challenging times. Case Managers and Peer Specialists can assist in accessing resources, navigating the healthcare system, and having knowledge concerning housing support. Employment is another critical component of recovery. SCS provides the linkage to workforce services, applying for positions and can assist in gaining meaningful employment.

Education is also an opportunity to build skills for personal growth and empowerment. SCS personnel assist in educational programs such as GED classes, enrollment into college classes and vocational training. These goals may support the client in developing new life skills to achieve long term success.

It is also important to work collaboratively with family and the community support involved in an individual's life. SCS offers family therapy, support groups and other community resources to ensure a connection with the community. Volunteering is another opportunity to reduce isolation and join with community. Ensuring that clients have access to transportation helps reduce no-show rates, improves engagement in treatment, and enables participation in essential activities such as work, education, and social support groups. The goal is for individuals to achieve wellness and satisfaction in their living situation.

Providing these resources helps clients develop new skills, pursue their interests, and achieve long-term goals. By integrating these recovery support services, SCS creates a sturdy framework that addresses the multifaceted needs of individuals in recovery. This holistic approach not only enhances clinical outcomes but also empowers clients to lead fulfilling and independent lives resulting in positive outcomes.

**10. Describe your agency's capacity to respond to emergency detentions and behavioral health crises in your communities. Limit your response to two (2) pages.**

- (a) If a client in crisis walks into the Center, how is that handled?**
- (b) What are the gaps in resources and service delivery?**

SCS Clinical Manager oversees emergency services and available to clinicians for consultation. SCS is the only behavioral health agency that provides 24/7 coverage with master level clinicians responding for consultation at the local hospital as well as responding to the local detention center and other emergencies in the community. Often, SCS will assess private provider's clients. SCS clinicians must receive Allied Health Privileges from the local hospital to provide consultation at the hospital. SCS Clinicians who go on call for the community and hospital are thoroughly trained in the application of Title 25 and their role as a gatekeeper that assesses for least restrictive means of providing essential mental health care. SCS Crisis Clinical Response and Gatekeeping activities provide for assessment and coordination with other agencies such as law enforcement, hospital, county attorney, and family members. SCS has an on-call master level clinician whose only responsibility is to respond to emergency situations. These emergency services are vital in ensuring timely and effective care for individuals experiencing acute mental health crises. SCS clinicians will see an individual to determine if an emergency detention is warranted by evaluating the patient's mental and emotional state, considering factors such as suicidal ideation, threats to others, psychosis, substance use, and any underlying medical

conditions. This rapid response is crucial in stabilizing the individual, preventing further escalation, and developing an immediate care plan. If an individual is detained, the clinician meets with the attending physician and will see the individual daily until released from the hospital. In addition, there are morning rounds where the individual's situation is discussed with SCS clinicians, physician, case managers and nurses. Often times, the immediate crisis is stabilized and the individual can be released from emergency detention with appropriate referrals and a safety plan in effect. SCS clinicians will also work with family members and/or significant others to address concerns and needs of the individual. SCS clinician will also assist with SCS case manager to determine other resources that may be required to address the individual's situation.

Clinicians will refer into SCS Open Access, Monday-Thursday from 12pm to 4pm with assigned master level clinicians providing clinical assessments for individual's being released from the hospital or SCS does have scheduled appointments if more convenient. SCS clinician will utilize sub-acute beds either to stabilize prior to hospitalization or as a step-down from hospitalization.

For FY 24, SCS provided 235 emergency assessment resulting in 131 emergency detentions resulting in 6 involuntary hospitalizations. SCS utilizes the continuum of care to address an individual's needs and to assist them in remaining in the community for their treatment. SCS also works towards early identification of serious mental illness to enhance their treatment, education and abilities to address a diagnosis of serious mental illness.

SCS on-call clinician is backed up by several master level clinicians that are able to triage an individual walking into the offices. There are no barriers coming into the agency for an emergency situation. Clinicians provide crisis intervention techniques such as de-escalation strategies, to stabilize the individual and prevent harm. SCS clinician provides a thorough evaluation to understand the individual's mental health status, including immediate risks, medical history and substance use. Short-term counseling is offered to address the immediate crisis and provide emotional support. If necessary, medications may be administered to manage acute symptoms such as anxiety, agitation, or psychosis. Individuals are connected with ongoing treatment options, such as outpatient therapy, support groups, or inpatient care if needed. Ensuring follow-up care is arranged to support the individual's long-term recovery and prevent future crises.

By providing these services, behavioral health centers can effectively manage walk-in emergencies, offering immediate support and facilitating a smooth transition to ongoing care.

Gaps in services: SCS is exploring a drop off care center since the community does not have a homeless shelter. SCS is considering a five bed facility for individuals that need a safe place for a short term stay to receive clothing, shower, food, and where they can be evaluated for other services. Housing is a difficult issue in the community.

**When evaluating and scoring an application, the Department may consider information not included in the application but otherwise possessed by the Department.**



**SECTION 1.8 Attachment Checklist**

All documents attached to the application must be submitted in the order shown below and the organization name and page number must be included at the bottom of each page of the attachment.

- Certificates of good standing (3 documents)
  - (a) the unemployment insurance program
  - (b) the workers’ compensation program
  - (c) the Secretary of State’s office
- SAM.gov documentation
- Proof of professional liability insurance
- Current payment policy
- Organizational chart (*if provider has multiple locations, please ensure those locations are included.*)
- Formal written agreements with key partners
- Tuberculosis policies and procedures, including a list of key service providers (e.g. public health, hospital, private healthcare provider)
- Evidence of national accreditation OR the anticipated date the organization will achieve accreditation
- Articles of Incorporation and bylaws (**new applicants only**)
- Evidence of Division certification, to provide substance use disorder treatment services, if applying for funding (**new applicants only**)

**SECTION 1.9 Assurances and Signatures**

In the column on the left, please initial each statement to indicate your agreement if awarded.

Assurances	
	Applicant agrees to provide data and information to the Division per contract requirements and as necessary to determine program outcomes. Applicant will ensure electronic health records system allows contract data requirements to be met.
	Applicant agrees to obtain or maintain its national accreditation and comply with applicable state and federal certification requirements.
	Applicant states that the organization is governed by a Board of Directors.
	The Board of Directors of the Applicant agrees to monitor the information provided in this application and subsequent contract, if funded.
	Applicant states that funding received from the Division under this application will be maintained <b>separate and apart</b> from other funds of the Applicant, including funds from programs also administered by the Division.
	If this is a <b>renewal</b> application, Applicant states that the organization’s charter and bylaws include documentation that at least one of its permissible services is a human service program as defined by W.S. §35-1-613(a)(iv).
	Applicant states that it shall comply with Wyoming laws and regulations pertaining to building and operations.
	Applicant states that each mental health and substance use disorder service will be provided in accordance with service definitions developed by the Behavioral Health Division.
	Applicant agrees to bill Medicaid and other third party pay sources for all eligible services.

By submitting and signing this application, the applicant agrees to the above statements.

Board Chairman \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Board Chairman \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Executive Director \_\_\_\_\_

**Incomplete applications will be returned without review.**

<b>Scoring Criteria</b>	
<b>Section</b>	<b>Scoring</b>
Section 1.1 Type of Application	Pass/Fail
Section 1.2 Applicant Information	Pass/Fail
Section 1.3 Board of Directors	Pass/Fail
Section 1.4 Organization Administration	Pass/Fail
Section 1.5 Facility Information	Pass/Fail
Section 1.6 Partnerships and Collaborations	Pass/Fail
<b>Section 1.7 Service Delivery Plan</b>	
1. Comprehensive and integrated services	10
2. Staffing patterns	10
3. Programming to priority populations	10
4. Exclusionary criteria	10
5. Admissions process	10
6. Case management	10
7. Duplicative billing	10
8. Community disaster planning	10
9. Recovery support services	10
10. Emergency detentions and crisis response	10
<b>Section 1.8 Attachment Checklist</b>	
1. Are all attachments submitted?	1
2. Are all attachments within the page limits listed?	1
3. Was the application packet completed and submitted without the need for revision?	1
<b>CAP (If applicable)</b>	
1. Is applicant on a CAP? (If yes, -5 points from final score)	-5
<b>FINAL SCORE</b>	<b>103 maximum</b>



**Mark Gordon**  
Governor

**State of Wyoming**  
**Department of Workforce Services**

Unemployment Tax  
P.O. Box 2760  
Casper, WY 82602 2760  
Phone 307-235-3217  
Fax 307-235-3278  
<https://dws.wyo.gov>



**Elizabeth Gagen, J.D**  
Director

SOUTHWEST COUNSELING SERVICE  
AMY MOSER

**UNEMPLOYMENT INSURANCE CERTIFICATE OF GOOD STANDING**

**CERTIFICATE**

**NUMBER:** 199046  
**ONLY VALID AS ISSUED TO:** SOUTHWEST COUNSELING SERVICE  
**EFFECTIVE DATE:** 1/7/2025  
**EXPIRATION DATE:** 1/7/2026

**PROJECT:**

A review of the Division files indicates that SOUTHWEST COUNSELING SERV is in compliance with the Wyoming Unemployment Insurance requirements as of the effective date shown above.

This certificate holds you, the recipient, harmless for unpaid Unemployment Insurance debt owed by the certified company during the period set forth above. If you continue to use SOUTHWEST COUNSELING SERV after the expiration date of this certificate, you may be held liable for their unpaid Unemployment Insurance debt pursuant to Wyoming Statute 27-3-502(f).

SOUTHWEST COUNSELING SERV  
2300 FOOTHILL BLVD  
ROCK SPRINGS, WY 82901



**Mark Gordon**  
Governor

# State of Wyoming Department of Workforce Services

5221 Yellowstone Rd  
Cheyenne, WY 82002  
307.777.6763 - Fax:307.777.5298  
<https://dws.wyo.gov>



**Elizabeth Gagen, J.D**  
Director

Recipient:

Employer:

SOUTHWEST COUNSELING SERVICE  
Attn: AMY MOSER

SOUTHWEST COUNSELING SERV  
2300 FOOTHILL BLVD  
ROCK SPRINGS, WY  
82901

### WORKERS' COMPENSATION CERTIFICATE OF GOOD STANDING

Mail Date: 1/7/2025

EXPIRATION DATE: 1/7/2026

Job Reference:

This is to certify that the above named employer is in compliance with the Wyoming Workers' Compensation Act. The account is in good standing as of the above date.

Wyoming Workers' Compensation monthly/quarterly payroll reports shall be submitted and payments made on or before the last day of the month following the month for which the earnings are computed and paid. Prime contractors may verify good standing of a sub-contractor's business by contacting the Division by telephone, after the initial certificate has been issued.

In private work, a contractor is liable for the payment of Workers' Compensation premiums for the employees of any subcontractor, if the subcontractor primarily liable has not paid the premiums as provided in the Act, pursuant to Wyoming Statute 27-14-206. Contractors should request a Certificate of Good Standing from the subcontractor before making final settlement of the contract.

If you have any further questions or concerns, please contact our office at 307-777-6763.

Sincerely,

Office Support Specialist  
Division of Workers' Compensation

RE: Certificate of Good Standing with the Secretary of State

Southwest Counseling Service is an entity of Sweetwater County, thus we do not have a direct certificate with the Secretary of State.



# SOUTHWEST COUNSELING SERVICE

Unique Entity ID <b>XVMQMBWMKSQ8</b>	CAGE / NCAGE <b>7Q6Z9</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Apr 9, 2025</b>	
Physical Address <b>2300 Foothill BLVD Rock Springs, Wyoming 82901-5610 United States</b>	Mailing Address <b>2300 Foothill BLVD Rock Springs, Wyoming 82901-5610 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>Southwest Counseling Service</b>	Division Number <b>(blank)</b>
Congressional District <b>Wyoming 00</b>	State / Country of Incorporation <b>Wyoming / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Apr 11, 2024</b>	Submission Date <b>Apr 9, 2024</b>	Initial Registration Date <b>Sep 23, 2016</b>
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## Entity Dates

Entity Start Date <b>Jul 8, 1962</b>	Fiscal Year End Close Date <b>Jun 30</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**Yes**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Yes**

## Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**Yes**

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**No**

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

**Not Selected**

## Exclusion Summary

Active Exclusions Records?

**No**

**SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes**

**Entity Types**

**Business Types**

Entity Structure <b>Other</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>(blank)</b>
Profit Structure <b>Other Not For Profit Organization</b>		

**Socio-Economic Types**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments <b>Yes</b>	Debt Subject To Offset <b>No</b>
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EFT Indicator <b>0000</b>	CAGE Code <b>7Q6Z9</b>
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**Electronic Funds Transfer**

Account Type <b>Checking</b>	Routing Number <b>*****55</b>	Lock Box Number <b>(blank)</b>
Financial Institution <b>RSNB BANK</b>	Account Number <b>*****24</b>	

**Automated Clearing House**

Phone (U.S.) <b>3073628805</b>	Email <b>(blank)</b>	Phone (non-U.S.) <b>(blank)</b>
Fax <b>(blank)</b>		

**Remittance Address**

**RSNB**  
**200 Second ST**  
**Rock Springs, Wyoming 82901**  
**United States**

**Taxpayer Information**

EIN <b>*****5729</b>	Type of Tax <b>Applicable Federal Tax</b>	Taxpayer Name <b>Southwest Counseling Service</b>
Tax Year (Most Recent Tax Year) <b>2015</b>	Name/Title of Individual Executing Consent <b>Cfo</b>	TIN Consent Date <b>Apr 9, 2024</b>
Address <b>2300 Foothill BLVD</b> <b>Rock Springs, Wyoming 82901</b>	Signature <b>Melissa Wray-Marchetti</b>	

**Points of Contact**

**Accounts Receivable POC**

♀  
**Melissa Wray-Marchetti, CFO**  
**mrraymar@swcounseling.org**  
**3073526677**

**Electronic Business**


**Melissa Wray-Marchetti, CFO**  
 mwwraymar@swcounseling.org  
 3073526677

2300 Foothill BLVD.  
 Rock Springs, Wyoming 82901  
 United States

**Government Business**


**Melissa Wray-Marchetti, CFO**  
 mwwraymar@swcounseling.org  
 3073526677

2300 Foothill BLVD.  
 Rock Springs, Wyoming 82901  
 United States

**Past Performance**


**Heather Gonzalez, Billing Supervisor**  
 hgonzale@swcounseling.org  
 3073526677

2300 Foothill BLVD.  
 Rock Springs, Wyoming 82901  
 United States

Heather Gonzalez, Billing Supervisor  
 hgonzale@swcounseling.org  
 3073526677

2300 Foothill BLVD.  
 Rock Springs, Wyoming 82901  
 United States

**Service Classifications**

**NAICS Codes**

Primary	NAICS Codes	NAICS Title
Yes	621420	Outpatient Mental Health And Substance Abuse Centers

**Size Metrics**

**IGT Size Metrics**

Annual Revenue (from all IGTs)  
**(blank)**

**Worldwide**

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
<b>\$20,069,986.00</b>	<b>148</b>

**Location**

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
<b>\$20,069,986.00</b>	<b>148</b>

**Industry-Specific**

Barrels Capacity <b>(blank)</b>	Megawatt Hours <b>(blank)</b>	Total Assets <b>(blank)</b>
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**Electronic Data Interchange (EDI) Information**

This entity did not enter the EDI information

**Disaster Response**

Yes, this entity appears in the disaster response registry.

Yes, this entity require bonding to bid on contracts.

Bonding Levels	Dollars
<b>Construction Aggregate</b>	<b>\$3,000,000.00</b>
<b>Service Aggregate</b>	<b>\$3,000,000.00</b>
<b>Service Per Contract</b>	<b>\$1,000,000.00</b>
<b>Construction Per Contract</b>	<b>\$1,000,000.00</b>

States	Counties	Metropolitan Statistical Areas
<b>Wyoming</b>	<b>WY: Sweetwater</b>	<b>(blank)</b>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

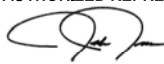
<b>PRODUCER</b> North Wyoming Insurance, Inc. P.O. Box 670 Buffalo, WY 82834	CONTACT NAME: PHONE (A/C, No, Ext): (307) 684-2535	FAX (A/C, No): (307) 684-7531
	E-MAIL ADDRESS: info@northwyominginsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A : Philadelphia Indemnity Insurance Company</b>	<b>18058</b>
<b>INSURED</b>  Southwest Counseling Service 2300 Foothill Blvd Rock Springs, WY 82901	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2627499	11/18/2024	11/18/2025	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2627499	11/18/2024	11/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			PHUB890487	11/18/2024	11/18/2025	EACH OCCURRENCE \$ <b>3,000,000</b> AGGREGATE \$ <b>Aggregate</b> \$ <b>3,000,000</b> PER STATUTE OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Professional Liabili</b>			PHPK2627499	11/18/2024	11/18/2025	<b>Claims Made</b> <b>3,000,000</b>
<b>A</b>	<b>Directors &amp; Officers</b>			PHSD1840349	11/18/2024	11/18/2025	<b>Claims Made</b> <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Mental Health/Substance Abuse Treatment**

<b>CERTIFICATE HOLDER</b>  Ben Kifer, Administrator Mental Health & Substance Abuse Services Behavioral Health Division 6101 Yellowstone Rd, Suite 220 Cheyenne, WY 82002	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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- Intake
- Update
- Insurance
- POI

### Sliding Fee Scale Application

**CLIENT NAME :** \_\_\_\_\_

Where does your primary income come from?  Self (employment  FT  PT)  Self (unemployed)  
 Family Member (Parent/Spouse)  SSI  Other Disability  SSDI  DFS  Retirement  
 Unemployment/Other

Are you a Veteran?  No  Yes **If yes,**  Veteran: Combat  Veteran: Non-Combat  
 Are you a spouse/dependent of a Veteran?  Yes  No **Proof of Vet status**  Yes  No

**HOUSEHOLD INCOME:**

*Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid.*

- Discounts are offered based upon family/household size and **gross** annual income.
- Discounts apply to all services received at Southwest Counseling Service with the exception of flat fee services such as the ASI/MV testing, DUI Class, D&A Evaluation.
- Discounts are offered after the Behavioral Health Eligibility Screening has been completed.

I certify that the family size and income information shown below is correct. **Copies of tax returns, pay stubs, and other information verifying income will be required before a discount is approved. If I do not bring in my proof of income within 5 days, I will be charged at the full rate.** \_\_\_\_\_(Initial)

Approved Sliding Fee Scale Discount			
Income Verified Date		\$	x
Source of Income Verification:			
Household size (Spouse and dependant children)			
MH Assessment	\$300.00	\$	Per hour
Individual/Family Rate	\$230.00	\$	Per hour
Group Rate/AOP	\$100.00	\$	Per hour
Psychiatric/Nurse Practitioner Rate	\$300.00	\$	Per hour
IOP/AIOP	\$50.00/\$75.00	\$	Per hour
SA Residential/Detox/Crisis Daily Rate	\$175.00	\$	Per day
MH Residential Daily Rate	\$18.00	\$	Per day
Sober Living / SIP Daily Rate	\$10.00	\$	Per day

### Third Party Payors

**ADDITIONAL INSURANCE/PAYOR:**

Additional Insurance Company/Payer Information: BHR  
Name of Policy Holder: \_\_\_\_\_ Policy Holder Relationship: Self  
Policy Holder DOB: \_\_\_\_\_ Policy Holder SS # \_\_\_\_\_ Policy # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**ADDITIONAL INSURANCE/PAYOR:**

Additional Insurance Company/Payer Information: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy Holder Relationship: \_\_\_\_\_  
Policy Holder DOB: \_\_\_\_\_ Policy Holder SS # \_\_\_\_\_ Policy # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**ADDITIONAL INSURANCE/PAYOR:**

Additional Insurance Company/Payer Information: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy Holder Relationship: \_\_\_\_\_  
Policy Holder DOB: \_\_\_\_\_ Policy Holder SS # \_\_\_\_\_ Policy # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**ADDITIONAL INSURANCE/PAYOR:**

Additional Insurance Company/Payer Information: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy Holder Relationship: \_\_\_\_\_  
Policy Holder DOB: \_\_\_\_\_ Policy Holder SS # \_\_\_\_\_ Policy # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**\*SS numbers optional**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_



**Consent for Treatment  
Authorization to Bill Third Party**

**AGREEMENT:**

**I give my consent for treatment** and I understand that I may discuss all aspects of my treatment and any options regarding treatment with my treatment team.

I understand to be eligible for the sliding fee scale discount, I must complete the Behavioral Health Eligibility Screening within 10 days of my assessment. I understand that if I choose not to complete the Behavioral Health Eligibility Screening I will be billed at the full fee which will be due at the time of service.

If I choose not to use my insurance, I understand I will be billed at the full rate for all services. I authorize payment directly to Southwest Counseling Service for insurance benefits specified and otherwise payable to me. I authorize the release of any treatment information necessary to process Medicaid/Insurance claims. I understand that I am financially responsible for services not covered by Insurance/Medicaid.

Delinquent client accounts will be turned over to a collection agency, including client name, attendance and fee information and I agree to pay any collection fees which might be incurred in collecting past due accounts.

I understand that I am financially responsible to Southwest Counseling Service for full payment for services rendered. Payment is expected at the time services are rendered, unless other arrangements are made.

**I understand any appointments not confirmed by noon the day before will be cancelled.**

**I agree that I may be charged a \$10 fee if I do not show for a scheduled appointment or do not cancel my appointment time 24 hours in advance.**

I have been oriented to SCS and have received a copy of the Client Information Guide which includes,

- Client Rights
- Grievance Procedure
- Notice of Privacy Practices
- Confidentiality Policy
- SCS Code of Ethics for the Treatment of Clients
- Professional Disclosure Statement
- Client Safety Orientation for Facility
- Client Responsibilities

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Refer To: Operations Policy and Procedures: 6.3.3 Financial

## Southwest Counseling Service

### Fee Schedule for Service Types

<u>Service</u>	<u>Unit</u>	<u>Full Fee</u>	<u>Maximum Client Responsibility</u>
Clinical Assessment MH	Hour	\$ 300.00	SCS Sliding Fee
D/A or D/V Evaluation	Flat Fee	\$ 300.00	\$ 175.00
ASI/DV Testing	Flat Fee	\$ 40.00	\$ 40.00
Open Client D/A or D/V Evaluation	Hour	\$ 200.00	SCS Sliding Fee
Individual and Family Therapy	Hour	\$ 230.00	SCS Sliding Fee
Community Based Therapy	Hour	\$ 200.00	SCS Sliding Fee
Outpatient Group	Hour	\$ 100.00	SCS Sliding Fee
Intensive Outpatient Group	Hour	\$ 50.00	SCS Sliding Fee
Case Management	Hour	\$ 200.00	Not Billed to Client
Day Treatment Group	Hour	\$ 100.00	SCS Sliding Fee
Emergency Services	Hour	\$ 200.00	Not Subject to SCS Sliding Fee Scale
Education Services	Hour	\$50.00	Not Subject to SCS Sliding Fee Scale
Psychiatric	Hour	\$ 300.00	Depending upon complexity
SA Residential Treatment Services	Day	\$ 175.00	SCS Sliding Fee
MH Residential Group Home	Day	\$ 18.00	SCS Sliding Fee
MH Residential Supported Apartments	Day	\$ 10.00	SCS Sliding Fee
SUD Transitional Housing	Day	\$ 10.00	SCS Sliding Fee
Missed Appointment	Per Occurrence	\$ 10.00	Client Responsibility
DUI Evaluation	Evaluation	\$ 240.00	\$ 175.00
DUI Class	Class	\$ 140.00	Not Subject to SCS Sliding Fee Scale

MH Evals are billed off of the Sliding Fee Scale and DA/DV are billed at the flat fee, with maximum client responsibility of \$175. SCS Assessments are billed to third party payers at the full rate of \$240. If an individual comes to the agency with an ASI completed, the maximum client responsibility will be \$175. The ASI is billed to those clients that have had an assessment with SCS within the last year, however the ASI has been completed more than 90 days ago. Agency Based Emergency Services are billed based on the Sliding Fee Scale.

## SCS MH Assessment Services Sliding Fee Scale Effective March 1, 2024

FPL	Annual Income		Household Size								Percent of Fee	
			1	2	3	4	5	6	7	8+		
100%	\$0.00	- \$ 15,060	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	2%
133%	15,061	- 20,030	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	4%
138%	20,031	- 20,783	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	6%
150%	20,784	- 22,590	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	8%
200%	22,591	- 30,120	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	11%
250%	30,121	- 37,650	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	14%
300%	37,651	- 45,180	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	17%
350%	45,181	- 52,710	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	20%
400%	52,711	- 60,240	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 8.00	23%
450%	60,241	- 67,770	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 12.00	26%
500%	67,771	- 75,300	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 16.00	30%
550%	75,301	- 82,830	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 22.00	34%
600%	82,831	- 90,360	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 28.00	38%
650%	90,361	- 97,890	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 34.00	42%
700%	97,891	- 105,420	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 40.00	46%
750%	105,421	- 112,950	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 46.00	50%
800%	112,951	- 120,480	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 52.00	55%
900%	120,481	- 135,540	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 60.00	60%
1000%	135,541	- 150,600	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 68.00	65%
1100%	150,601	- 165,660	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 76.00	70%
1200%	165,661	- 180,720	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 84.00	75%
1300%	180,721	- 195,780	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 92.00	81%
1400%	195,781	- 210,840	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 100.00	87%
1600%	210,841	- 240,960	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 110.00	93%
1800%	240,961	- 271,080	\$ 300.00	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 120.00	100%

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*

## SCS Individual Services Sliding Fee Scale Effective March 1, 2024

FPL	Annual Income	Household Size										Percent of Fee
		1	2	3	4	5	6	7	8+			
100%	\$0.00 - \$ 15,060	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	2%
133%	15,061 - 20,030	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	4%
138%	20,031 - 20,783	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	6%
150%	20,784 - 22,590	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	8%
200%	22,591 - 30,120	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	11%
250%	30,121 - 37,650	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	14%
300%	37,651 - 45,180	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	17%
350%	45,181 - 52,710	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	20%
400%	52,711 - 60,240	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	23%
450%	60,241 - 67,770	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	26%
500%	67,771 - 75,300	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	30%
550%	75,301 - 82,830	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	34%
600%	82,831 - 90,360	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	38%
650%	90,361 - 97,890	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	42%
700%	97,891 - 105,420	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	46%
750%	105,421 - 112,950	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	50%
800%	112,951 - 120,480	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	55%
900%	120,481 - 135,540	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	60%
1000%	135,541 - 150,600	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	65%
1100%	150,601 - 165,660	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	70%
1200%	165,661 - 180,720	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	75%
1300%	180,721 - 195,780	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	81%
1400%	195,781 - 210,840	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	87%
1600%	210,841 - 240,960	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	93%
1800%	240,961 - 271,080	\$ 230.00	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	100%

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*

## SCS Group Services Sliding Fee Scale Effective March 1, 2024

FPL	Annual Income	Household Size								Percent of Fee
		1	2	3	4	5	6	7	8+	
100%	\$0.00 - \$ 15,060	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	2%
133%	15,061 - 20,030	\$ 4.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	4%
138%	20,031 - 20,783	\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	6%
150%	20,784 - 22,590	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	8%
200%	22,591 - 30,120	\$ 11.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	11%
250%	30,121 - 37,650	\$ 14.00	\$ 11.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	\$ 2.00	14%
300%	37,651 - 45,180	\$ 17.00	\$ 14.00	\$ 11.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	17%
350%	45,181 - 52,710	\$ 20.00	\$ 17.00	\$ 14.00	\$ 11.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	20%
400%	52,711 - 60,240	\$ 23.00	\$ 20.00	\$ 17.00	\$ 14.00	\$ 11.00	\$ 8.00	\$ 6.00	\$ 4.00	23%
450%	60,241 - 67,770	\$ 26.00	\$ 23.00	\$ 20.00	\$ 17.00	\$ 14.00	\$ 11.00	\$ 8.00	\$ 6.00	26%
500%	67,771 - 75,300	\$ 30.00	\$ 26.00	\$ 23.00	\$ 20.00	\$ 17.00	\$ 14.00	\$ 11.00	\$ 8.00	30%
550%	75,301 - 82,830	\$ 34.00	\$ 30.00	\$ 26.00	\$ 23.00	\$ 20.00	\$ 17.00	\$ 14.00	\$ 11.00	34%
600%	82,831 - 90,360	\$ 38.00	\$ 34.00	\$ 30.00	\$ 26.00	\$ 23.00	\$ 20.00	\$ 17.00	\$ 14.00	38%
650%	90,361 - 97,890	\$ 42.00	\$ 38.00	\$ 34.00	\$ 30.00	\$ 26.00	\$ 23.00	\$ 20.00	\$ 17.00	42%
700%	97,891 - 105,420	\$ 46.00	\$ 42.00	\$ 38.00	\$ 34.00	\$ 30.00	\$ 26.00	\$ 23.00	\$ 20.00	46%
750%	105,421 - 112,950	\$ 50.00	\$ 46.00	\$ 42.00	\$ 38.00	\$ 34.00	\$ 30.00	\$ 26.00	\$ 23.00	50%
800%	112,951 - 120,480	\$ 55.00	\$ 50.00	\$ 46.00	\$ 42.00	\$ 38.00	\$ 34.00	\$ 30.00	\$ 26.00	55%
900%	120,481 - 135,540	\$ 60.00	\$ 55.00	\$ 50.00	\$ 46.00	\$ 42.00	\$ 38.00	\$ 34.00	\$ 30.00	60%
1000%	135,541 - 150,600	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00	\$ 46.00	\$ 42.00	\$ 38.00	\$ 34.00	65%
1100%	150,601 - 165,660	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00	\$ 46.00	\$ 42.00	\$ 38.00	70%
1200%	165,661 - 180,720	\$ 75.00	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00	\$ 46.00	\$ 42.00	75%
1300%	180,721 - 195,780	\$ 81.00	\$ 75.00	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00	\$ 46.00	81%
1400%	195,781 - 210,840	\$ 87.00	\$ 81.00	\$ 75.00	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00	87%
1600%	210,841 - 240,960	\$ 93.00	\$ 87.00	\$ 81.00	\$ 75.00	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	93%
1800%	240,961 - 271,080	\$ 100.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 75.00	\$ 70.00	\$ 65.00	\$ 60.00	100%

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*



## SCS IOP Group Sliding Fee Scale Effective March 1, 2024

FPL	Annual Income		Household Size									Percent of Fee
			1	2	3	4	5	6	7	8+		
100%	\$0.00	- \$ 15,060	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	2%
133%	15,061	- 20,030	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	4%
138%	20,031	- 20,783	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	6%
150%	20,784	- 22,590	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	8%
200%	22,591	- 30,120	\$ 5.50	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	11%
250%	30,121	- 37,650	\$ 7.00	\$ 5.50	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	14%
300%	37,651	- 45,180	\$ 8.50	\$ 7.00	\$ 5.50	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	17%
350%	45,181	- 52,710	\$ 10.00	\$ 8.50	\$ 7.00	\$ 5.50	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	\$ 1.00	20%
400%	52,711	- 60,240	\$ 11.50	\$ 10.00	\$ 8.50	\$ 7.00	\$ 5.50	\$ 4.00	\$ 3.00	\$ 2.00	\$ 2.00	23%
450%	60,241	- 67,770	\$ 13.00	\$ 11.50	\$ 10.00	\$ 8.50	\$ 7.00	\$ 5.50	\$ 4.00	\$ 3.00	\$ 3.00	26%
500%	67,771	- 75,300	\$ 15.00	\$ 13.00	\$ 11.50	\$ 10.00	\$ 8.50	\$ 7.00	\$ 5.50	\$ 4.00	\$ 4.00	30%
550%	75,301	- 82,830	\$ 17.00	\$ 15.00	\$ 13.00	\$ 11.50	\$ 10.00	\$ 8.50	\$ 7.00	\$ 5.50	\$ 5.50	34%
600%	82,831	- 90,360	\$ 19.00	\$ 17.00	\$ 15.00	\$ 13.00	\$ 11.50	\$ 10.00	\$ 8.50	\$ 7.00	\$ 7.00	38%
650%	90,361	- 97,890	\$ 21.00	\$ 19.00	\$ 17.00	\$ 15.00	\$ 13.00	\$ 11.50	\$ 10.00	\$ 8.50	\$ 8.50	42%
700%	97,891	- 105,420	\$ 23.00	\$ 21.00	\$ 19.00	\$ 17.00	\$ 15.00	\$ 13.00	\$ 11.50	\$ 10.00	\$ 10.00	46%
750%	105,421	- 112,950	\$ 25.00	\$ 23.00	\$ 21.00	\$ 19.00	\$ 17.00	\$ 15.00	\$ 13.00	\$ 11.50	\$ 11.50	50%
800%	112,951	- 120,480	\$ 27.50	\$ 25.00	\$ 23.00	\$ 21.00	\$ 19.00	\$ 17.00	\$ 15.00	\$ 13.00	\$ 13.00	55%
900%	120,481	- 135,540	\$ 30.00	\$ 27.50	\$ 25.00	\$ 23.00	\$ 21.00	\$ 19.00	\$ 17.00	\$ 15.00	\$ 15.00	60%
1000%	135,541	- 150,600	\$ 32.50	\$ 30.00	\$ 27.50	\$ 25.00	\$ 23.00	\$ 21.00	\$ 19.00	\$ 17.00	\$ 17.00	65%
1100%	150,601	- 165,660	\$ 35.00	\$ 32.50	\$ 30.00	\$ 27.50	\$ 25.00	\$ 23.00	\$ 21.00	\$ 19.00	\$ 19.00	70%
1200%	165,661	- 180,720	\$ 37.50	\$ 35.00	\$ 32.50	\$ 30.00	\$ 27.50	\$ 25.00	\$ 23.00	\$ 21.00	\$ 21.00	75%
1300%	180,721	- 195,780	\$ 40.50	\$ 37.50	\$ 35.00	\$ 32.50	\$ 30.00	\$ 27.50	\$ 25.00	\$ 23.00	\$ 23.00	81%
1400%	195,781	- 210,840	\$ 43.50	\$ 40.50	\$ 37.50	\$ 35.00	\$ 32.50	\$ 30.00	\$ 27.50	\$ 25.00	\$ 25.00	87%
1600%	210,841	- 240,960	\$ 46.50	\$ 43.50	\$ 40.50	\$ 37.50	\$ 35.00	\$ 32.50	\$ 30.00	\$ 27.50	\$ 27.50	93%
1800%	240,961	- 271,080	\$ 50.00	\$ 46.50	\$ 43.50	\$ 40.50	\$ 37.50	\$ 35.00	\$ 32.50	\$ 30.00	\$ 30.00	100%

Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.

## SCS Psychiatric Sliding Fee Scale Effective March 1, 2024

FPL	Annual Income	Household Size								Percent of Fee	
		1	2	3	4	5	6	7	8+		
100%	\$0.00 - \$ 15,060	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	13%
133%	15,061 - 20,030	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	15%
138%	20,031 - 20,783	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	17%
150%	20,784 - 22,590	\$ 60.00	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	20%
200%	22,591 - 30,120	\$ 66.00	\$ 60.00	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	22%
250%	30,121 - 37,650	\$ 72.00	\$ 66.00	\$ 60.00	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	24%
300%	37,651 - 45,180	\$ 81.00	\$ 72.00	\$ 66.00	\$ 60.00	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	\$ 40.00	27%
350%	45,181 - 52,710	\$ 87.00	\$ 81.00	\$ 72.00	\$ 66.00	\$ 60.00	\$ 51.00	\$ 45.00	\$ 40.00	\$ 40.00	29%
400%	52,711 - 60,240	\$ 93.00	\$ 87.00	\$ 81.00	\$ 72.00	\$ 66.00	\$ 60.00	\$ 51.00	\$ 45.00	\$ 45.00	31%
450%	60,241 - 67,770	\$ 102.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 72.00	\$ 66.00	\$ 60.00	\$ 51.00	\$ 51.00	34%
500%	67,771 - 75,300	\$ 108.00	\$ 102.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 72.00	\$ 66.00	\$ 60.00	\$ 60.00	36%
550%	75,301 - 82,830	\$ 114.00	\$ 108.00	\$ 102.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 72.00	\$ 66.00	\$ 66.00	38%
600%	82,831 - 90,360	\$ 123.00	\$ 114.00	\$ 108.00	\$ 102.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 72.00	\$ 72.00	41%
650%	90,361 - 97,890	\$ 135.00	\$ 123.00	\$ 114.00	\$ 108.00	\$ 102.00	\$ 93.00	\$ 87.00	\$ 81.00	\$ 81.00	45%
700%	97,891 - 105,420	\$ 150.00	\$ 135.00	\$ 123.00	\$ 114.00	\$ 108.00	\$ 102.00	\$ 93.00	\$ 87.00	\$ 87.00	50%
750%	105,421 - 112,950	\$ 168.00	\$ 150.00	\$ 135.00	\$ 123.00	\$ 114.00	\$ 108.00	\$ 102.00	\$ 93.00	\$ 93.00	56%
800%	112,951 - 120,480	\$ 186.00	\$ 168.00	\$ 150.00	\$ 135.00	\$ 123.00	\$ 114.00	\$ 108.00	\$ 102.00	\$ 102.00	62%
900%	120,481 - 135,540	\$ 207.00	\$ 186.00	\$ 168.00	\$ 150.00	\$ 135.00	\$ 123.00	\$ 114.00	\$ 108.00	\$ 108.00	69%
1000%	135,541 - 150,600	\$ 225.00	\$ 207.00	\$ 186.00	\$ 168.00	\$ 150.00	\$ 135.00	\$ 123.00	\$ 114.00	\$ 114.00	75%
1100%	150,601 - 165,660	\$ 243.00	\$ 225.00	\$ 207.00	\$ 186.00	\$ 168.00	\$ 150.00	\$ 135.00	\$ 123.00	\$ 123.00	81%
1200%	165,661 - 180,720	\$ 252.00	\$ 243.00	\$ 225.00	\$ 207.00	\$ 186.00	\$ 168.00	\$ 150.00	\$ 135.00	\$ 135.00	84%
1300%	180,721 - 195,780	\$ 261.00	\$ 252.00	\$ 243.00	\$ 225.00	\$ 207.00	\$ 186.00	\$ 168.00	\$ 150.00	\$ 150.00	87%
1400%	195,781 - 210,840	\$ 282.00	\$ 261.00	\$ 252.00	\$ 243.00	\$ 225.00	\$ 207.00	\$ 186.00	\$ 168.00	\$ 168.00	94%
1600%	210,841 - 240,960	\$ 291.00	\$ 282.00	\$ 261.00	\$ 252.00	\$ 243.00	\$ 225.00	\$ 207.00	\$ 186.00	\$ 186.00	97%
1800%	240,961 - 271,080	\$ 300.00	\$ 291.00	\$ 282.00	\$ 261.00	\$ 252.00	\$ 243.00	\$ 225.00	\$ 207.00	\$ 207.00	100%

Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.

**SCS Adolescent Intensive Group Services Sliding Fee Scale**  
**Effective March 1, 2024**

Annual Income	Fee	Percent of Fee
\$ - - \$ 10,150	\$2.50	3%
10,150 - 20,300	2.50	3%
20,301 - 30,450	2.50	3%
30,451 - 40,600	2.50	3%
40,601 - 50,750	2.50	3%
50,751 - 60,900	3.00	4%
60,901 - 71,050	4.00	5%
71,051 - 81,200	5.00	7%
81,201 - 91,350	6.00	8%
91,351 - 101,500	7.00	9%
101,501 - 111,650	8.00	11%
111,651 - 121,800	9.00	12%
121,801 - 131,999	10.00	13%
132,000 - 142,150	15.00	20%
142,151 - 152,300	20.00	27%
152,301 - 162,450	25.00	33%
162,451 - 172,600	30.00	40%
172,601 - 182,750	35.00	47%
182,751 - 192,900	40.00	53%
192,901 - 203,050	45.00	60%
203,051 - 213,200	50.00	67%
213,201 - 223,350	60.00	80%
223,351 - 233,500	70.00	93%
233,501 - 243,650+	75.00	100%

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*

**SCS SA Residential Sliding Fee Scale  
Effective March 1, 2024**

TC/WAP/Crisis/Detox Per Diem			
Annual Income	Daily Fee	Percentage	Average Monthly Fee
\$ - - \$ 21,999	\$10.00	5.714%	\$304
22,000 - 26,999	11.00	6.286%	\$335
27,000 - 31,999	12.00	6.857%	\$365
32,000 - 37,999	16.00	9.143%	\$487
38,000 - 44,999	20.00	11.429%	\$608
45,000 - 51,999	25.00	14.286%	\$760
52,000 - 58,999	30.00	17.143%	\$913
59,000 - 65,999	35.00	20.000%	\$1,065
66,000 - 72,999	40.00	22.857%	\$1,217
73,000 - 79,999	45.00	25.714%	\$1,369
80,000 - 86,999	50.00	28.571%	\$1,521
87,000 - 92,999	55.00	31.429%	\$1,673
93,000 - 98,999	62.00	35.429%	\$1,886
99,000 - 104,999	70.00	40.000%	\$2,129
105,000 - 110,999	80.00	45.714%	\$2,433
111,000 - 116,999	90.00	51.429%	\$2,738
117,000 - 122,999	100.00	57.143%	\$3,042
123,000 - 128,999	110.00	62.857%	\$3,346
129,000 - 139,999	120.00	68.571%	\$3,650
140,000 - 151,999	135.00	77.143%	\$4,106
152,000 - 163,999	155.00	88.571%	\$4,715
164,000 - 175,999	175.00	100.000%	\$5,323

**Sober Living Per Diem**

Annual Income	Daily Fee	Fee
\$ - - 14,999	\$7.00	\$210-\$217
15,000 - 17,999	8.00	\$240-\$248
18,000 - 19,999	9.00	\$270-\$279
20,000 - 20,001+	10.00	\$300-\$310

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*

**SCS MH Residential Sliding Fee Scale  
Effective March 1, 2024**

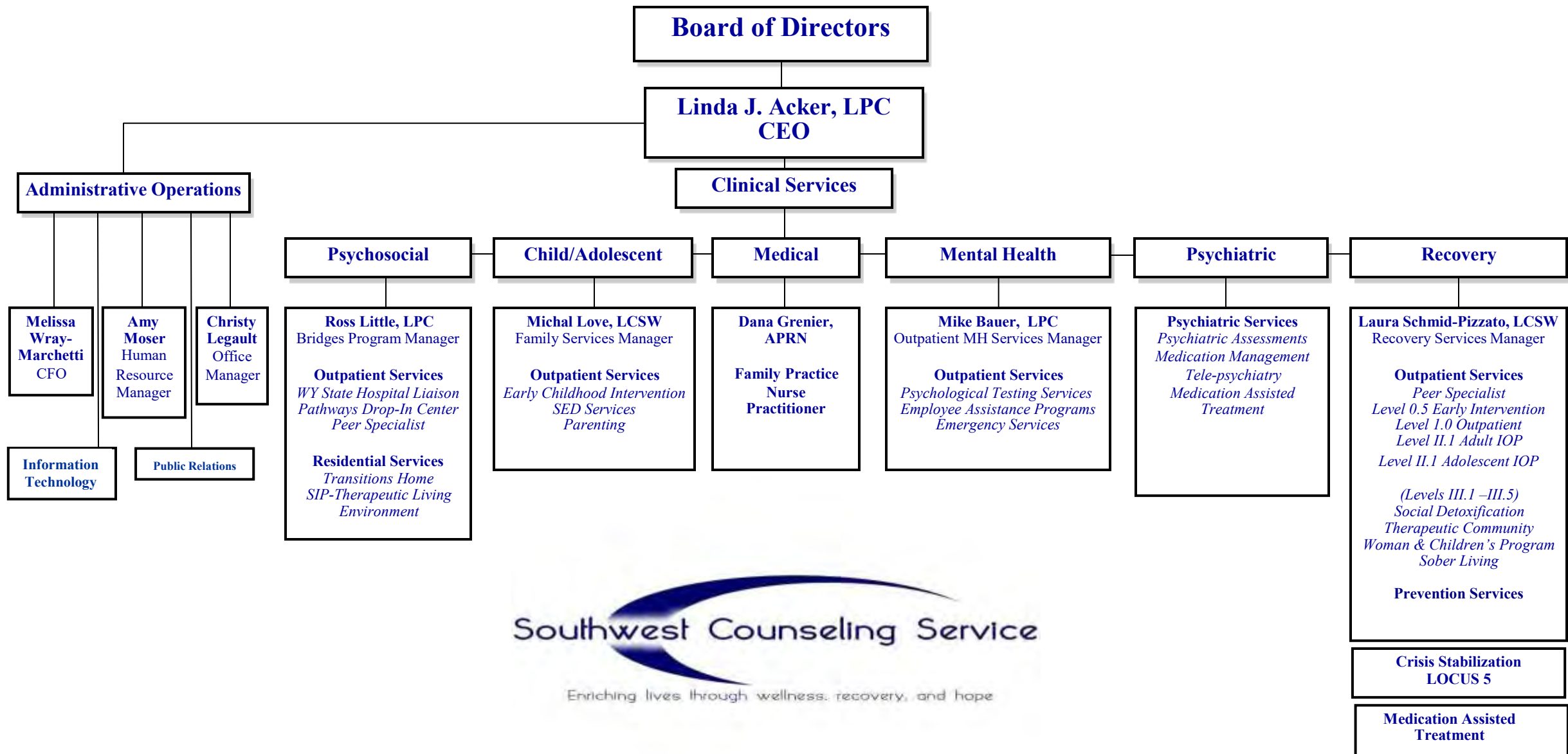
**Mental Health Group Homes**

Annual Income	Daily Fee	Percentage	Monthly Fee
\$ - - \$ 1,200	\$2.00	11%	\$60.00
1,201 - 1,500	3.00	17%	90.00
1,501 - 1,800	4.00	22%	120.00
1,801 - 2,100	5.00	28%	150.00
2,101 - 2,700	6.00	33%	180.00
2,701 - 3,900	7.00	39%	210.00
3,901 - 4,500	10.00	56%	300.00
4,501 - 6,000	12.00	67%	360.00
6,001 - 8,000	14.00	78%	420.00
8,001 - 10,500	16.00	89%	480.00
10,501 - 10,502+	18.00	100%	540.00

**SIP Apartments**

Annual Income	Daily Fee	Monthly Fee
\$ - - \$ 14,999	\$7.00	\$210-\$217
15,000 - 17,999	8.00	\$240-\$248
18,000 - 19,999	9.00	\$270-\$279
20,000 - 20,001 +	10.00	\$300-\$310

*Southwest Counseling Service sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.*



Updated: 5/28/2024

**MEMORANDUM OF UNDERSTANDING AMONG  
THE WYOMING DEPARTMENT OF CORRECTIONS,  
THE WYOMING DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH DIVISION,  
AND  
SOUTHWEST COUNSELING SERVICE**

1. **Parties.** The parties to this Memorandum of Understanding (MOU) are the Wyoming Department of Corrections (WDOC), whose address is: 1934 Wyott Drive, Suite 100 Cheyenne, Wyoming 82002; the Wyoming Department of Health, Behavioral Health Division (WDH-BHD) whose address is: 122 West 25<sup>th</sup> Street, Herschler 2 West, Suite B. Cheyenne, Wyoming, 82002; and the Southwest Counseling Service (SCS) whose address is: 1430 Wilkins Circle, Casper, Wyoming 82601.
2. **Purpose.** The purpose of this MOU is to establish a communication process for Continuity of Care Referrals used by SCS, and the staff and contractors of the WDOC when making referrals for community based mental health center (CMHC) and/or substance use disorder treatment at a substance abuse center (SAC) for justice involved persons.
3. **Term of MOU.** This MOU shall commence upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and shall remain in full force and effect until terminated. This MOU may be terminated, without cause, by any party upon thirty (30) days written notice, which notice shall be delivered by hand or by certified mail.
4. **Payment.** No payment shall be made to any party by another party as a result of this MOU.
5. **Responsibilities of WDOC.**
  - A. The WDOC agrees to adhere to the guidance described in Attachment A, Communication Process for Continuity of Care Referrals, which is attached to and incorporated into this MOU by this reference.
  - B. The WDOC agrees to provide information to the CMHC's/SAC's such as discharge summaries and treatment recommendations, treatment notes, pre-sentence investigations, risk/needs outcomes upon appropriate releases of information as applicable.
  - C. The WDOC agrees to participate in treatment meetings on a monthly basis with the CMHC/SAC to share information regarding the offender's treatment and supervision including drug and alcohol test results, incentives/sanctions and other pertinent information regarding individual cases.

Memorandum of Understanding among the  
Wyoming Department of Corrections; the Wyoming Department of Health, Behavioral Health Division; and  
Southwest Counseling Service  
Page 1 of 4

- D. The WDOC agrees to make referrals to the CMHC/SAC preferred provider list regarding mental health/substance use treatment providers that contract with the WDH-BHD.
- E. The WDOC retains the right to make referrals to CMHC/SAC providers not on the preferred provider list on a case-by case basis if required by law.
- F. The WDOC agrees to participate in training that has been coordinated with the WDH-BHD as deemed appropriate.

6. **Responsibilities of WDH-BHD**

- A. The WDH-BHD agrees to adhere to the guidance and conditions described in Attachment A.

7. **Responsibilities of SCS.**

- A. SCS agrees to adhere to the guidance and conditions described in Attachment A.

8. **General Provisions.**

- A. **Amendments.** Any party may request changes in this MOU. Any changes, modifications, revisions, or amendments to this MOU which are mutually agreed upon by the parties to this MOU shall be incorporated by written instrument, executed and signed by all parties to this MOU.
- B. **Applicable Law.** The construction, interpretation, and enforcement of this MOU shall be governed by the laws of the State of Wyoming. The courts of the State of Wyoming shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming.
- C. **Entirety of Agreement.** This MOU, consisting of four (4) pages; and Attachment A, Communication Process for Continuity of Care Referrals, consisting of five (5) pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this MOU and the language of any attachment or document incorporated by reference, the language of this MOU shall control.
- D. **Prior Approval.** This MOU shall not be binding upon any party unless this MOU has been reduced to writing before performance begins as described under



the terms of this MOU, and unless this MOU is approved as to form by the Attorney General or her representative.


- E. Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.
- F. Sovereign Immunity.** The State of Wyoming, WDOC, WDH-BHD, and SCS do not waive sovereign or governmental immunity by entering into this MOU, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.
- G. Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties, and obligations contained in this MOU shall operate only between the parties to this MOU and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU.
- H. Confidentiality.** All information generated or exchanged pursuant to this MOU that is subject to the Health Insurance Portability and Accountability Act (HIPAA) or 42 C.F.R. Part 2 shall be transferred according to the controlling regulations.
- I. Indemnification.** Each party to this MOU shall assume the risk of any liability arising from its own conduct. No party agrees to insure, defend, or indemnify the others.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.**

9. **Signatures.** The parties to this MOU, through their duly authorized representatives, have executed this MOU on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The Effective Date of this MOU is the date of the signature last affixed to this page.

**WYOMING DEPARTMENT OF CORRECTIONS**


  
 Daniel Shannon, Director

12-07-21  
 Date

**WYOMING DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH DIVISION**

  
 Stefan Johansson, Interim Director

11/19/21  
 Date

  
 Matthew Petry, MPA, Senior Administrator

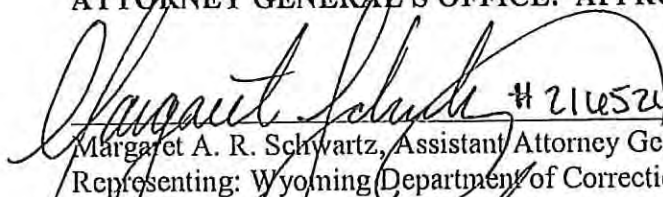
11/18/21  
 Date

**SOUTHWEST COUNSELING SERVICE**

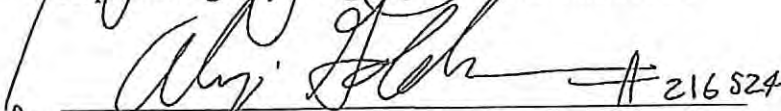
  
 Linda Acker, Executive Director

10/28/21  
 Date

**ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM**

  
 Margaret A. R. Schwartz, Assistant Attorney General  
 Representing: Wyoming Department of Corrections

9/28/21  
 Date

  
 for: Tyler M. Renner, Senior Assistant Attorney General  
 Representing: Wyoming Department of Health, Behavioral Health Division

9/28/21  
 Date

**CONTRACT BETWEEN  
SOUTHWEST COUNSELING SERVICE  
AND  
PIONEER COUNSELING SERVICE**

1. **Parties.** The parties to this Contract are Southwest Counseling Service (Agency), whose address is: 2300 Foothill Boulevard, Rock Springs, Wyoming 82901, and Pioneer Counseling Service (Subrecipient), whose address is: 350 City View Drive Suite 206, Evanston, Wyoming 82930. This Contract pertains to the Mental Health Residential section of the Agency.
  
2. **Purpose of Contract.** The purpose of this Contract is to set forth the terms and conditions by which the Subrecipient shall provide behavioral health treatment services and supports that are accessible, affordable, and accountable to clients, the Agency, the Wyoming Department of Health, Behavioral Health Division, and that are provided in the least restrictive and most appropriate environment.
  
3. **Term of Contract.** This Contract is effective when all parties have executed it (Effective Date). The term of the Contract is from July 1, 2024 or Effective Date, whichever is later, through August 29, 2025. All services shall be completed during this term. Notwithstanding the foregoing sentences, the period of performance in which Subrecipient must spend funds runs through June 30, 2025.
  
4. **Payment.**
  - A. The Agency agrees to pay the Subrecipient for the services described in Section 5 below and in Attachment A, Statement of Work, which is attached to and incorporated into this Contract by this reference. Total payment under this Contract shall not exceed one million, one hundred ninety-four thousand, one hundred fifty-two dollars and twenty-five cents (\$1,194,152.25). Payment shall be made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. Subrecipient shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Contract. Payments that do not require an invoice will be made in accordance with Attachment A.
  
  - B. No payment shall be made for work performed before the Effective Date of this Contract. Should the Subrecipient fail to perform in a manner consistent with the terms and conditions set forth in this Contract, payment under this Contract may be withheld until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.
  
  - C. Except as otherwise provided in this Contract, the Subrecipient shall pay all costs and expenses, including travel, incurred by Subrecipient or on its behalf in

connection with Subrecipient's performance and compliance with all of Subrecipient's obligations under this Contract.

- D. Subrecipient may be entitled to Outcomes payments, as outlined in Attachment A.
- E. Withholding of Funds
  - (i) Failure to deliver contracted services, meet performance targets, or submit deliverables as outlined in this Contract may result in one (1) or more of the following actions at the Agency's discretion:
    - (a) Reduction or withholding of payment(s) until the matter is resolved;
    - (b) Issuance of Corrective Action Plan (CAP). Failure to implement the CAP shall result in the withholding of payment(s), termination of Contract, or both.
- H. In the event of serious human or technical failure in the newly-implemented payment system under this Contract, as evaluated by the Agency Director, the Agency will notify the Subrecipient within thirty (30) days of determination and change the payment methodology at sole discretion of the Agency, until the Director of the Agency finds that system deficits have been corrected.

**5. Responsibilities of Subrecipient.** The Subrecipient agrees to:

- A. Provide behavioral health service delivery as described in: Attachment A, Statement of Work; Attachment B, Data Management Plan; and Attachment C, Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and Community Mental Health Services Block Grant (MHBG) Contract Supplemental Information, all of which are attached to and incorporated into this Contract by this reference.
- B. Deliver services in accordance with the Behavioral Health Center provider manual, which is incorporated into this Contract by this reference.
- C. Provide data and narrative reporting on services delivered as requested by the Agency.

**6. Responsibilities of Agency.** The Agency agrees to:

- A. Pay Subrecipient in accordance with Section 4 above.
- B. Consult with and advise the Subrecipient, as necessary, about the requirements of this Contract and provide technical assistance as needed.

- C. Monitor and evaluate the Subrecipient's compliance with the conditions set forth in this Contract.
- D. Protect client identifying information received from the Subrecipient in a manner that complies with all state and federal confidentiality requirements and agreements, including the Health Insurance Portability and Accountability Act, as implemented.
- E. Provide the Subrecipient with standard reports that are available through the Agency designated data system.
- F. Communicate the date of a proposed on-site evaluation within forty-five (45) calendar days prior to the evaluation. Notice of an on-site evaluation is not required if the Agency is investigating complaints that include fraud or threats, or both, to client safety or well-being.

7. **Special Provisions.**

- A. **Assumption of Risk.** The Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the Subrecipient's failure to comply with state or federal requirements. The Agency shall notify the Subrecipient of any state or federal determination of noncompliance.
- B. **Environmental Policy Acts.** Subrecipient agrees all activities under this Contract will comply with the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, and other related provisions of federal environmental protection laws, rules or regulations.
- C. **Human Trafficking.** As required by 22 U.S.C. § 7104(g) and 2 CFR Part 175, this Contract may be terminated without penalty if a private entity that receives funds under this Contract:
  - (i) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
  - (ii) Procures a commercial sex act during the period of time that the award is in effect; or
  - (iii) Uses forced labor in the performance of the award or subawards under the award.
- D. **Kickbacks.** Subrecipient certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Contract, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Contract. If Subrecipient breaches or violates this warranty, Agency may, at its

discretion, terminate this Contract without liability to Agency, or deduct from the agreed upon price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

- E. Limitations on Lobbying Activities.** By signing this Contract, Subrecipient certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by Subrecipient or its sub-subrecipients in connection with lobbying member(s) of Congress, or any federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan.
- F. Monitoring Activities.** Agency shall have the right to monitor all activities related to this Contract that are performed by Subrecipient or its sub-subrecipients. This shall include, but not be limited to, the right to make site inspections at any time and with reasonable notice; to bring experts and consultants on site to examine or evaluate completed work or work in progress; to examine the books, ledgers, documents, papers, and records pertinent to this Contract; and to observe personnel in every phase of performance of Contract related work.
- G. Nondiscrimination.** The Subrecipient shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, et seq.), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, et seq., and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Contract. Federal law requires the Subrecipient to include all relevant special provisions of this Contract in every subcontract awarded over ten thousand dollars (\$10,000.00) so that such provisions are binding on each sub-subrecipient.
- H. No Finder's Fees:** No finder's fee, employment agency fee, or other such fee related to the procurement of this Contract, shall be paid by either party.
- I. Publicity.** Any publicity given to the projects, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices in whatever form, prepared by or for the Subrecipient and related to the services and work to be performed under this Contract, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval of Agency.
- J. Suspension and Debarment.** By signing this Contract, Subrecipient certifies that neither it nor its principals/agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction or from receiving federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this Contract suspended,

debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), 44 CFR Part 17, or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, Subrecipient agrees to notify Agency by certified mail should it or any of its principals/agents become ineligible for payment, debarred, suspended, or voluntarily excluded from receiving federal funds during the term of this Contract.

- K. Administration of Federal Funds.** Subrecipient agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 CFR Part 200, et seq.; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.
- L. Copyright License and Patent Rights.** Subrecipient acknowledges that federal grantor, the State of Wyoming, and Agency reserve a royalty-free, nonexclusive, unlimited, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal and state government purposes: (1) the copyright in any work developed under this Contract; and (2) any rights of copyright to which Subrecipient purchases ownership using funds awarded under this Contract. Subrecipient must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Contract.
- M. Federal Audit Requirements.** Subrecipient agrees that if it expends an aggregate amount of seven hundred fifty thousand dollars (\$750,000.00) or more in federal funds during its fiscal year, it must undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 CFR Part 200, Subpart F. If findings are made which cover any part of this Contract, Subrecipient shall provide one (1) copy of the audit report to Agency and require the release of the audit report by its auditor be held until adjusting entries are disclosed and made to Agency's records.
- N. Non-Supplanting Certification.** Subrecipient hereby affirms that federal grant funds shall be used to supplement existing funds, and shall not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this Contract.
- O. Program Income.** Subrecipient shall not deposit grant funds in an interest bearing account without prior approval of Agency. Any income attributable to the grant funds distributed under this Contract must be used to increase the scope of the program or returned to Agency.

**8. General Provisions.**

- A. Amendments.** Any changes, modifications, revisions, or amendments to this Contract which are mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed by all parties to this Contract.
- B. Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Contract shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The terms “hereof,” “hereunder,” “herein,” and words of similar import, are intended to refer to this Contract as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Contract and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.
- C. Assignment Prohibited and Contract Shall Not be Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Contract without the prior written consent of the other party. The Subrecipient shall not use this Contract, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.
- D. Audit and Access to Records.** The Agency and its representatives shall have access to any books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Contract.
- E. Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation and which may be limited for any reason including, but not limited to, congressional, legislative, gubernatorial, or administrative action. If funds are not allocated and available for continued performance of the Contract, the Contract may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Subrecipient at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.
- F. Award of Related Contracts.** The Agency may award supplemental or successor contracts for work related to this Contract or may award contracts to other subrecipients for work related to this Contract. The Subrecipient shall cooperate fully with other subrecipients and the Agency in all such cases.
- G. Compliance with Laws.** The Subrecipient shall keep informed of and comply with all applicable federal, state, and local laws and regulations, and all federal grant requirements and executive orders in the performance of this Contract.



- H. Confidentiality of Information.** Except when disclosure is required by the Wyoming Public Records Act or court order and subject to the limitations set out in Section 8.Q. below, all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Contract shall be kept confidential by the Subrecipient unless written permission is granted by the Agency for its release. If and when Subrecipient receives a request for information subject to this Contract, Subrecipient shall notify Agency within ten (10) days of such request and shall not release such information to a third party unless directed to do so by Agency.
- I. Entirety of Contract.** The documents listed below represent the entire and integrated Contract between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this Contract and the language of any attachment or document incorporated by reference, the language of this Contract shall control:
- (i) This Contract, consisting of thirteen (13) pages;
  - (ii) Attachment A, Statement of Work, consisting of thirteen (13) pages;
  - (iii) Attachment B, Data Management Plan, consisting of five (5) pages; and
  - (iv) Attachment C, Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and Community Mental Health Services Block Grant (MHBG) Contract Supplemental Information, consisting of seven (7) pages.
- J. Ethics.** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, et seq.) and any and all ethical standards governing Subrecipient's profession.
- K. Extensions.** Nothing in this Contract shall be interpreted or deemed to create an expectation that this Contract will be extended beyond the term described herein.
- L. Force Majeure.** Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays.

- M. Indemnification.** The Subrecipient shall release, indemnify, and hold harmless the State, the Agency, and their officers, agents, and employees from any and all claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Subrecipient's failure to perform any of Subrecipient's duties and obligations hereunder or in connection with the negligent performance of Subrecipient's duties or obligations, including, but not limited to, any claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Subrecipient's negligence or other tortious conduct.
- N. Independent Contractor.** The Subrecipient shall function as an independent contractor for the purposes of this Contract and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Contract, the Subrecipient shall be free from control or direction over the details of the performance of services under this Contract. The Subrecipient shall assume sole responsibility for any debts or liabilities that may be incurred by the Subrecipient in fulfilling the terms of this Contract and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Subrecipient or its agents or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on behalf of the State of Wyoming or the Agency. The Subrecipient agrees that no health or hospitalization benefits, workers' compensation, unemployment insurance, or similar benefits available to State of Wyoming employees will inure to the benefit of the Subrecipient or the Subrecipient's agents or employees as a result of this Contract.
- O. Notices.** All notices arising out of, or from, the provisions of this Contract shall be in writing either by regular mail or delivery in person at the addresses provided under this Contract.
- P. Notice of Sale or Transfer.** The Subrecipient shall provide the Agency with notice of any sale, transfer, merger, or consolidation of the assets of the Subrecipient. Such notice shall be provided in accordance with the notices provision of this Contract and, when possible and lawful, in advance of the transaction. If the Agency determines that the sale, transfer, merger, or consolidation is not consistent with the continued satisfactory performance of the Subrecipient's obligations under this Contract, then the Agency may, at its discretion, terminate or renegotiate the Contract.
- Q. Ownership and Return of Documents and Information.**
- (i) Agency is the official custodian and owns all documents, data compilations, and reports created in the BHMS in relation to the performance of this

Contract. Upon termination of this Contract, for any reason, Subrecipient agrees to submit a final report of all data not yet submitted to BHMS.

- (ii) Subrecipient owns all treatment records of individual persons served as part of Subrecipient's performance of this Contract. Subrecipient agrees to submit information contained in these records to the Agency as required by the reporting requirements of this Contract. Otherwise, the parties agree that Subrecipient remains solely responsible for the confidentiality, integrity, availability, maintenance, storage, and destruction of these records.

**R. Prior Approval.** This Contract shall not be binding upon either party, no services shall be performed, and the Wyoming State Auditor shall not draw warrants for payment, until this Contract has been fully executed, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming, or his designee, if required by Wyo. Stat. § 9-2-3204(b)(iv).

**S. Insurance Requirements.**

- (i) During the term of this Contract, the Subrecipient shall obtain and maintain, and ensure that each sub-subrecipient obtains and maintains, each type of insurance coverage specified in Insurance Coverage, below.
- (ii) All policies shall be primary over any insurance or self-insurance program carried by the Subrecipient or the State of Wyoming. All policies shall include clauses stating that each insurance carrier shall waive all rights of recovery under subrogation or otherwise against Subrecipient or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.
- (iii) The Subrecipient shall provide Certificates of Insurance to the Agency verifying each type of coverage required herein. If the policy is a "claims made" policy instead of an "occurrence" policy, the information provided shall include, but is not limited to, retroactive dates and extended reporting periods or tails.
- (iv) All policies shall be endorsed to provide at least thirty (30) days advance written notice of cancellation to the Agency. A copy of the policy endorsement shall be provided with the Certificate of Insurance.
- (v) In case of a breach of any provision relating to Insurance Requirements or Insurance Coverage, the Agency may, at the Agency's option, obtain and maintain, at the expense of the Subrecipient, such insurance in the name of the Subrecipient, or sub-subrecipient, as the Agency may deem proper and may deduct the cost of obtaining and maintaining such insurance from any

sums which may be due or become due to the Subrecipient under this Contract.

- (vi) All policies required by this Contract shall be issued by an insurance company with an A.M. Best rating of A- VIII or better.
- (vii) The Agency reserves the right to reject any policy issued by an insurance company that does not meet these requirements.

**T. Insurance Coverage.** The Subrecipient shall obtain and maintain the following insurance in accordance with the Insurance Requirements set forth above:

- (i) Commercial General Liability Insurance. Commercial general liability insurance (CGL) coverage, occurrence form, covering liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury, with minimum limits as follows:

- (a) \$1,000,000.00 each occurrence;
- (b) \$1,000,000.00 personal injury and advertising injury;
- (c) \$2,000,000.00 general aggregate; and
- (d) \$2,000,000.00 products and completed operations.

The CGL policy shall include coverage for Explosion, Collapse and Underground property damage. This coverage may not be excluded by endorsement.

- (ii) Workers' Compensation and Employer's Liability Insurance. Employees hired in Wyoming to perform work under this Contract shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program, if statutorily required. Employees brought into Wyoming from Subrecipient's home state to perform work under this Contract shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program or other state or private workers' compensation insurance approved by the Wyoming Department of Workforce Services, if statutorily required. The Subrecipient shall provide the Agency with a Certificate of Good Standing or other proof of workers' compensation coverage for all of its employees who are to perform work under this Contract, if such coverage is required by law. If workers' compensation coverage is obtained by Subrecipient through the Wyoming Department of Workforce Services' workers' compensation program, Subrecipient shall also obtain Employer's Liability

“Stop Gap” coverage through an endorsement to the CGL policy required by this Contract, with minimum limits as follows:

- (a) Bodily Injury by Accident: \$1,000,000.00 each accident;
  - (b) Bodily Injury by Disease: \$1,000,000.00 each employee; and
  - (c) Bodily Injury by Disease: \$1,000,000.00 policy limit.
- (iii) Unemployment Insurance. The Subrecipient shall be duly registered with the Department of Workforce Services and obtain such unemployment insurance coverage as required. The Subrecipient shall supply Agency with a Certificate of Good Standing or other proof of unemployment insurance coverage.
- (iv) Professional Liability or Errors and Omissions Liability Insurance. Professional liability insurance or errors and omissions liability insurance protecting against any and all claims arising from the Subrecipient’s alleged or real professional errors, omissions, or mistakes in the performance of professional duties under this Contract, with minimum limits as follows:
- (a) \$1,000,000.00 each occurrence; and
  - (b) \$1,000,000.00 general aggregate.

The policy shall have an extended reporting period of two (2) years.

- U. Severability.** Should any portion of this Contract be judicially determined to be illegal or unenforceable, the remainder of the Contract shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.
- V. Sovereign Immunity and Limitations.** Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.
- W. Taxes.** The Subrecipient shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and social security taxes, workers’ compensation, unemployment insurance, and sales taxes.

- X. Termination of Contract.** This Contract may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Contract may be terminated by the Agency immediately for cause if the Subrecipient fails to perform in accordance with the terms of this Contract.
- Y. Third-Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Contract shall not be construed so as to create such status. The rights, duties, and obligations contained in this Contract shall operate only between the parties to this Contract and shall inure solely to the benefit of the parties to this Contract. The provisions of this Contract are intended only to assist the parties in determining and performing their obligations under this Contract.
- Z. Time is of the Essence.** Time is of the essence in all provisions of this Contract.
- AA. Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Contract.
- BB. Waiver.** The waiver of any breach of any term or condition in this Contract shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.
- CC. Counterparts.** This Contract may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same Contract. Delivery by the Subrecipient of an originally signed counterpart of this Contract by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

9. **Signatures.** The parties to this Contract, either personally or through their duly authorized representatives, have executed this Contract on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Contract.

The Effective Date of this Contract is the date of the signature last affixed to this page.

**AGENCY:**

Southwest Counseling Service

Raven Beattie

Raven Beattie, Board Chair  
Southwest Counseling Service

6-26-2024

Date

**SUBRECIPIENT:**

Pioneer Counseling Service

Dorothy Conner

Executive Director Signature

7-1-2024

Date

Printed Name

Dorothy Conner

Board Chair Signature

Angela M. LeVan

7/1/2024

Date

Printed Name

Angela M. LeVan

## **CONTRACT BETWEEN SOUTHWEST COUNSELING SERVICE AND TREATMENT COURT FOUNDATION OF SWEETWATER COUNTY**

**Parties:** The parties to this contract are Southwest Counseling Service, hereinafter known as “SCS”, a county component unit of Sweetwater County, operating by and through its Board of Directors, and the Treatment Court Foundation of Sweetwater County, an exempt organization under Section 501(c)(3) of the Internal Revenue Code, organized under the laws of the State of Wyoming, and operating by and through its Board of Directors, hereinafter known as “The Treatment Court Foundation of Sweetwater County”, which operates as the governing body over the Court Supervised Treatment Program of Sweetwater County, hereinafter referred to as “TCSC”, pursuant to a contractual arrangement with the Wyoming Supreme Court.

**Purpose of the Contract:** The purpose of the contract is to provide SCS reimbursement for adult substance abuse program services to adult referrals from TCSC.

**Term of Contract:** The term of this Contract is from July 1, 2024 through June 30, 2025. Either party may terminate this agreement though notice in writing to the other party not less than thirty (30) days prior to the termination date.

**Substance Abuse Evaluation Services:** SUD Evaluations, including the Addiction Severity Index (ASI), for TCSC clients will be billed in the amount of \$240. Clients enrolled in TCSC will be responsible for paying \$80 prior to or at the time of service for the SUD evaluation unless otherwise notified by TCSC. The remaining balance of \$160 will be the responsibility of TCSC.

An ASAM update is not subject to the SUD evaluation statement and is defined as an individual session.

If the Individual is not accepted into TCSC, then the balance of the cost of the evaluation will be responsibility of the individual. In special cases, TCSC may agree to pay the entire amount of the evaluation and will notify SCS prior to the evaluation.

**Payment For Treatment Services:** TCSC agrees to pay SCS in equal monthly installments of \$6,900 for a contract total not to exceed \$82,800 for the adults enrolled in the Treatment Court’s Program for treatment costs including group sessions, individual sessions, case management services, and psychiatric services (when indicated). Enrolled clients with insurance, Medicaid or any third party payer will be billed as the primary. Any unpaid portion by third party payers will be paid for by the TCSC contract funds.

**Responsibilities of the Treatment Court Program of Sweetwater County:**

1. As necessary, TCSC agrees to refer adults to SCS Substance Abuse Programs.
2. TCSC will continue to provide on-site urine tests, which are provided to TCSC by the Wyoming Supreme Court, to be used regularly on TCSC clients.
3. TCSC will provide updated training for SCS personnel on a yearly basis to comply with the requirements under the Wyoming Supreme Court contract with TCSC; however, if the clinician working with TCSC is replaced by another clinician within the fiscal year who has not had the necessary Treatment Court Training, then SCS shall be responsible for paying for the 40 hours of specific treatment training required by the Wyoming Supreme Court.



4. TCSC will provide updated training to SCS personnel as it becomes available and the need arises regarding the Case Management System.
5. TCSC will provide SCS with a copy of the Wyoming Supreme Court Rules and Regulations for the State Funding and Certification of Court Supervised Treatment Program.
6. TCSC program team may, after given prior notice and received approval, sit in on any sessions the TCSC client may be involved in, with the exception of any psychiatric or private mental health sessions.

**Responsibilities of SCS:**

1. Be certified by the Commission On Accreditation of Rehabilitation Facilities (CARF) pursuant to the Wyoming Department of Health, Mental Health and Substance Abuse Services Division, and maintain current certification.
2. SCS will provide substance abuse/mental health evaluations on all adults referred by TCSC. SCS will complete the SUDDS (Substance Use Disorders Diagnostic Schedule), SASSI (Substance Abuse Subtle Screening Inventory), URICA (Readiness for Change Assessment Scale), ASI (Addiction Severity Index), and a clinical interview. A copy of the evaluations will be submitted to TCSC personnel. When necessary, SCS will refer the adult treatment court client for a mental health assessment or treatment.
3. For all clients accepted into the TCSC program, SCS will provide the necessary treatment services based upon ASAM Criteria. SCS will provide to TCSC a monthly list of clients enrolled into services and which services of any kind and what length of time attended, i.e. Jane Doe attended 36 hours IOP in June, 2 one/ones, each ½ hour, etc. Co-occurring clients shall receive one (1) hour of MH individual counseling and one (1) hour of individual substance use disorder treatment.
4. A listing of the services provided to enrolled and approved TCSC individuals is as follows:
  - a. **Intensive Outpatient Program (IOP) phase of treatment:** SCS will provide a minimum of nine hours per week, three days per week of Intensive Outpatient Program treatment plus any needed case management.
  - b. **Aftercare phase of treatment:** SCS will provide 1-4 hours per week treatment services consisting of aftercare group sessions and case management services upon successful completion of the IOP phase.
  - c. **Individual Sessions:** SCS will provide up to two individual therapy sessions per month, as indicated, or more often if it is deemed necessary by the Treatment Court Program team.
  - d. **Psychiatric Sessions:** SCS will provide psychiatric assessment and medication monitoring services as indicated through either the SCS Psychiatrist or Advanced Nurse Practitioner.
  - e. **Other Services:** SCS will provide other group/individual sessions based upon recommendation and need of each client.
5. SCS will provide progress reports to the Treatment Court Program team, as needed. Appropriate SCS staff will also attend the bi-weekly staffing reviews and court on TCSC clients to discuss concerns or progress in treatment. SCS may attend sanction and termination hearings if the provider is available.


6. SCS will also advise the TCSC coordinator and Probation and Parole for those on supervised probation of any unexcused sessions by the client within sixteen (16) hours of the group session.
7. SCS will agree to keep the Case Management System, provided by the Wyoming Supreme Court, updated in a timely manner with the information required by the Department for each Treatment Court Program client.
8. SCS will agree that the Treatment Advisor from SCS will continue to maintain the Training requirements under the Wyoming Supreme Court contract with the Treatment Court Program and with the Rules and Regulations for the State Funding and Certifications of Court Supervised Treatment Program.
9. SCS will provide the Treatment Court Program with known addresses of previous TCSC participants for a period of two years after they are no longer a part of TCSC.
10. SCS will maintain detailed, accurate and current records of each participant's treatment, drug testing and other related activities for the purposes of evaluating progress, reports to the TCSC team.
11. In the event a provider should receive direct payment from a participant, the provider shall document and receipt all such payments made by participants as contributions to the cost of treatment and provide records of such to TCSC.
12. SCS will submit all claims and take all steps necessary to obtain any Medicaid or other insurance or third party payments or reimbursements, and credit all such receipts against compensation to which the provider is otherwise entitled under the contract.

**Both SCS and TCSC** hereby agree to adhere to all confidentiality standards prescribed by the Health Insurance Protection and Accountability Act (HIPPA).

This agreement is the entire contract for service and interpretation shall be in accordance with the laws of the State of Wyoming.

IN WITNESS WHEREOF, the parties have set their hands hereto the day and year first above written.

Dated this 26th day of June, 2024.

  
 \_\_\_\_\_  
 Raven Beattie  
 Board Chair  
 Southwest Counseling Service

  
 \_\_\_\_\_  
 Teresa Thybo  
 President  
 Treatment Court Foundation of  
 Sweetwater County

**2024-25 BUDGET AGREEMENT  
BETWEEN  
THE SWEETWATER COUNTY BOARD OF COUNTY COMMISSIONERS AND  
SOUTHWEST COUNSELING SERVICES**

**1. PARTIES.**

The parties to this Agreement are the Board of County Commissioners for Sweetwater County (“COUNTY”), 80 West Flaming Gorge Way, Green River, Wyoming 82935 (“COUNTY”) and Southwest Counseling Services Board (“RECIPIENT”), 2300 Foothill Blvd., Rock Springs, WY 82901. The responsibilities, terms and conditions herein apply to the Board and Southwest Counseling Services employees.

**2. PURPOSE.**

**The goal is first to provide for the programs identified as a direct county need by using the COUNTY provided infrastructure to identify revenue streams for the COUNTY identified direct program needs. Secondly, using the same infrastructure, RECIPIENT may provide for other programs approved by the COUNTY that are a benefit to the COUNTY.**

**A. PROPERTY.** COUNTY is the sole owner of the real property, attachments, additions, alterations, improvements and grounds located at:

- i. 2300 Foothill Blvd., Rock Springs, WY 82901,
- ii. 2601 Century Blvd., Rock Springs, WY 82901,
- iii. 158 Washakie Drive, Rock Springs, WY 82901,
- iv. 795 Duran, Rock Springs, WY 82901,
- v. 1901 Churchill, Rock Springs, WY 82901,
- vi. 2706 Ankeny Way, Rock Springs, WY 82901,
- vii. 2708 Ankeny Way, Rock Springs, WY 82901,
- viii. 1414 9<sup>th</sup> Street, Rock Springs, WY 82901,
- ix. 1124 College Drive, Rock Springs, WY 82901,
- x. 3416 White Mountain Blvd., Rock Springs, WY 82901,
- xi. 3310 Sweetwater Drive, Rock Springs, WY 82901, and
- xii. 916 Continental Street, Rock Springs, WY 82901 (hereinafter referred to as the “Property”).

This Agreement provides for the operation, maintenance and care of the Property (W.S. § 18-3-504(a)(v)); and in determination that services herein described are in the best interest of the citizens of Sweetwater County (W.S. § 18-3-504(a)(v)), pursuant to the terms herein, COUNTY is willing to permit the use of the Property for the performance of the herein described services and RECIPIENT functions.

**B. PROGRAMS.** This Agreement provides for behavioral health services of outpatient and residential services and the COUNTY's direct need for services for the following five (5) programs:

- i. Sweetwater County 23-hour stabilization beds,
- ii. emergency and Title 25 services,
  - a. counseling and suicide prevention (W.S. § 18-2-112),
- iii. adult crisis stabilization,
- iv. adult social detoxification, and
- v. jail based treatment services.

### **3. TERM.**

This Agreement shall commence on July 1, 2024, or the date last executed by the duly authorized representatives of the parties to this Agreement, whichever is later, and shall remain in full force and effect until June 30, 2025. There is no right or expectation of extension and any extension will be determined at the discretion of the COUNTY.

### **4. INFRASTRUCTURE AND CONSIDERATION PROVIDED.**

- A. During the term of this Agreement, COUNTY shall appropriate a total of \$683,012.00. The COUNTY will appropriate the amount necessary to prior realized RECIPIENT mill dedications and revenues from taxes such that the total budget dedication is \$683,012.00. Said total appropriation shall satisfy all statutory requirements and the total number of mills dedicated to RECIPIENT with no additional amounts owing to RECIPIENT from COUNTY.

RECIPIENT authorizes the COUNTY to receive prior RECIPIENT dedications and revenues from taxes. Revenues from the fund will be distributed in twelve (12) equal monthly payments totaling \$683,012.00.

- B. The COUNTY will permit the use of the above-identified Property for the performance of the herein described services and RECIPIENT functions in lieu of lease agreements.
- C. The COUNTY will provide property (premise liability) insurance for the above-identified properties.
- D. The COUNTY sponsored the application for the two-year Community Prevention Project Grant in the amount of \$468,807.00 for fiscal years 2025 and 2026.
- E. The COUNTY will grant authority to RECIPIENT as a designated signer of contracts and grants.

- F. The COUNTY will recognize RECIPIENT as a community board which impacts federal income tax exemption.
- G. Industrial Siting:
  - i. The COUNTY will distribute \$227,156.27 to RECIPIENT for the Ciner Wyoming, LLC Industrial Siting Project as funds are made available.
  - ii. The COUNTY will distribute \$674,505.48 to RECIPIENT for the Project West Industrial Siting Project as funds are made available.
- H. The COUNTY authorizes RECIPIENT staff to participate in the COUNTY insurance program.
- I. RECIPIENT staff may participate in the Wyoming Retirements System (WRS) as permitted by WRS rules and regulations.
- J. In consideration of the recitals, mutual promises, covenants, obligations, the receipt and sufficiency of which is hereby acknowledged, and the terms, covenants and conditions hereof, and intending to be bound by the same, RECIPIENT may have access to the Property subject to the terms and conditions that follow.

**5. RESPONSIBILITIES OF SOUTHWEST COUNSELING SERVICES.**

- A. As identified in section 2B PROGRAMS, the COUNTY has a direct need for services for five (5) programs: 23-Hour Stabilization, Title 25, Adult Crisis Stabilization, Adult Social Detoxification, and Jail Based Treatment Services.
- B. **23-HOUR STABILIZATION.** RECIPIENT shall develop a plan for the 23-Hour Stabilization bed program by July 1, 2025. The plan shall include reasonable measures for staff and stakeholder training and data collection. The 23-Hour Stabilization Bed program plan shall address other sources of funding and reorganization. Funding measures are encouraged to be developed in sufficient time to allow RECIPIENT to consider the program’s budget needs in their annual state funding request.
- C. **TITLE 25.** RECIPIENT shall operate 24/7 on-call Emergency Services by Master Level Clinician(s) who responds to the Memorial Hospital of Sweetwater County, Sweetwater County Detention Center, as well as other crisis calls in the community. On-call clinicians “duties shall include, but are not limited to, providing guidance on issues of detention and involuntary treatment and monitoring and coordinating timely, efficient and effective patient treatment prior to, during and after any emergency detention or involuntary treatment.” W.S. § 25-10-112.

- i. **Quality Management: Deliverables and Measurements.**
  - a. Stakeholder Training: RECIPIENT will continue to provide training for Title 25 stakeholders;
  - b. On-call Counselor Training: RECIPIENT on-call counselors will participate in said Title 25 training;
  - c. RECIPIENT will maintain a list of counselors who are granted Allied Health Privileges at Memorial Hospital of Sweetwater County who have received Title 25 training;
  - d. RECIPIENT on-call counselors will be trained to utilize and will utilize all county services for Title 25 detainees that are not mentally ill so that a continuum-of-care exists in Sweetwater County including, but not limited to the Youth Home Inc. Juvenile Crisis, RECIPIENT Adult Crisis Stabilization, and RECIPIENT Adult Social Detoxification.
  - e. RECIPIENT shall identify a medical provider for medication management or make reasonable efforts to identify the same for Title 25 detainees.
  - f. RECIPIENT will meet with the COUNTY designated representative two (2) times a year so that the COUNTY may communicate feedback for RECIPIENT to address. County Attorney's Office and the Sweetwater County Sheriff's Office shall be the COUNTY representative for this purpose. The elected may assign responsibility for this purpose at their discretion.

**D. ADULT CRISIS STABILIZATION.** RECIPIENT shall provide Adult Crisis Stabilization which is an intense supervised residential service covering a myriad of circumstances ranging from suicidal ideation, observation and de-escalation, diversion prior to Title 25 holds or a step down from the initial 72 hours of Title 25 when appropriate as to provide a less restrictive placement option. Crisis Stabilization is utilized for acute behavioral health crisis which directly impacts the County's budget as it relates to Title 25.

- i. **Quality Management: Deliverables and Measurements.**
  - a. RECIPIENT will provide an annual report of Title 25 diversions to Adult Crisis Stabilization, Juvenile Crisis Stabilization and other treatment providers.

- b. RECIPIENT shall develop a plan for increasing law enforcement, on-call clinician, and hospital access, referrals and use of RECIPIENT residential beds in an effort to enhance the continuum-of-care available in Sweetwater County and meeting the needs of the COUNTY by July 1, 2025. The plan shall include a means of communication for law enforcement and training for the hospital, RECIPIENT on-call clinician staff and stakeholders and data collection.

E. **ADULT SOCIAL DETOXIFICATION.** RECIPIENT shall provide Adult Social Detoxification which assists persons with detoxification from alcohol or drugs in a safe, supportive environment. This service provides a continuum of care to Sweetwater County.

- i. **Quality Management: Deliverables and Measurements.**

- a. RECIPIENT will meet with the COUNTY designated representative two (2) times a year so that the COUNTY may communicate feedback for RECIPIENT to address. County Attorney's Office and the Sweetwater County Sheriff's Office shall be the COUNTY representative for this purpose. The elected may assign responsibility for this purpose at their discretion.

F. **DETENTION CENTER TREATMENT:** RECIPIENT shall provide treatment services in the Sweetwater County Detention Center to the male and female inmates that meet the therapeutic criteria for enrollment into the jail-based treatment programs. RECIPIENT will provide a monthly report for the previous month of the dates, duration and number of attendees participating in the men's and women's jail-based treatment services. Additional reports will be provided as requested by the Sweetwater County Sheriff's Office as long as it does not unnecessarily interfere with the regular discharge of duties of RECIPIENT.

- i. **Quality Management: Deliverables and Measurements.**

G. RECIPIENT will meet with the COUNTY designated representative two (2) times a year so that the COUNTY may communicate feedback for RECIPIENT to address. The Sweetwater County Sheriff's Office shall be the COUNTY representative for this purpose. The elected Sheriff may assign responsibility for this purpose at his discretion.

H. Pursuant to W.S. § 35-1-619, RECIPIENT will ensure that these programs are developed, trained and executed to meet the COUNTY's needs and to meet the State standards as set forth in this Agreement and Wyoming State Statutes.

- I. RECIPIENT shall be responsible for the operation, maintenance and care of the Property including, but not limited to maintaining liability insurance for the Property and indemnifying the County as to the property and services provided. The County will have property insurance through WARM.
- J. RECIPIENT is authorized to provide services and functions for the citizens of Sweetwater County consistent with their purposes.
- K. RECIPIENT shall provide a list of all human services programs provided by RECIPIENT. W.S. § 35-1-618(a).
- L. RECIPIENT shall, at its sole cost and expense insure the Property contents and all activities with General and Professional Liability, Directors and Officers, and cyber security in connection with this Agreement, and shall obtain, keep in force and maintain insurance that complies with all state, county, municipal or other insurance regulations required to perform the activities on the Property. RECIPIENT shall indemnify, hold harmless and defend COUNTY as to said property and activities. The County as the sole owner of the properties occupied by Southwest Counseling Service will cover and comply with insurance requirements of owned properties per state, county, municipal or other insurance regulations.
- M. RECIPIENT shall identify any and all capital construction projects. W.S. § 35-1-618(a)(vi). Submit capital construction requests to the COUNTY Capital Committee prior to funding requests or implementation.
- N. RECIPIENT shall make reasonable efforts to cooperate with COUNTY, COUNTY agencies and stakeholder to meet COUNTY needed programs.
- O. **OTHER FUNDING:** RECIPIENT will develop a sustainability plan/comprehensive plan for independent grants or funding for the five (5) programs herein identified. W.S. § 35-1-619(a)(ii).
  - a. RECIPIENT will review the fees charged in light of said plan.
  - b. RECIPIENT will explore State or other funding for the five (5) programs herein identified.
  - c. RECIPIENT shall identify viable uses of County Opioid Settlement funding for the five (5) programs herein identified and for other eligible programs prior to submitting their 2025-2026 budget request.

## 6. COUNTY'S RESPONSIBILITIES

- A. COUNTY shall make payments as described herein.



- B. COUNTY shall allow RECIPIENT to use the Property for events and functions and providing for the COUNTY'S needs described herein.
- C. COUNTY may assist in grant funding and industrial siting projects.
- D. COUNTY's only obligations to RECIPIENT are contained in the express language of this Agreement and COUNTY has no obligation to provide RECIPIENT with any additional services or equipment.
- E. COUNTY will maintain the Real Property insurance through WARM. The County's insurance policy covers personal property located in real property used by RECIPIENT.

## 7. SPECIAL PROVISIONS

- A. RECIPIENT shall not, without COUNTY's prior written approval, with the exception of minor maintenance, and at RECIPIENT's own expense, make alterations, additions, or improvements in and to the buildings or grounds. Any alterations shall be performed in a workmanlike manner and shall not weaken or impair the structural strength or lessen the value of the building. Any improvements to the Property made by RECIPIENT shall become part of the Property and the sole property of COUNTY.
- B. RECIPIENT shall not use or occupy the buildings, grounds or any part thereof for any unlawful or ultra-hazardous purpose. RECIPIENT agrees to use the buildings and grounds in full compliance with all state, federal and local laws, rules and regulations and with all City ordinances.

## 8. GENERAL PROVISIONS

- A. Acceptance Not Waiver: No waiver by THE PARTIES of any breach or default in the performance of any of the provisions, agreements or covenants hereunder shall be construed as a waiver of such provision, agreement or covenant or of any other or subsequent breach thereof.
- B. Termination: This Agreement may be terminated (a) by either party at any time for failure of the other party to comply with the terms and conditions of this Agreement; (b) by either party, with thirty (30) days prior written notice to the other party; or (c) upon mutual written agreement by both parties.
- C. Entire Agreement: This Agreement (9 pages) represents the entire and integrated agreement and understanding between the parties and supersedes all prior negotiations, statements, representations and agreements, whether written or oral and serves as written notice of termination of any prior Agreements.

- D. Assignment: Neither this Agreement, nor any rights or obligations hereunder shall be assigned or delegated by a party without the prior written consent of the other party.
- E. Amendments: Any changes, modifications, revisions, or amendments to this Agreement which are mutually agreed upon by the parties to this Agreement shall be only by written agreement, duly executed by all parties hereto.
- F. Invalidity: If any provision of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, or if the PARTIES are advised of any such actual or potential invalidity or unenforceability, such holding or advice shall not invalidate or render unenforceable any other provision hereof. It is the express intent of the parties that the provisions of this Agreement are fully severable.
- G. Contingencies: RECIPIENT certifies and warrants no gratuities, kick-backs or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts or other considerations made contingent upon the award of this Agreement.
- H. Discrimination: All parties agree they will not discriminate against any person who performs work under the terms and conditions of this Agreement because of race, color, gender, creed, handicapping condition, or national origin.
- I. ADA Compliance: All parties agree they will not discriminate against a qualified individual with disability, pursuant to a law as set forth in the Americans With Disabilities Act, P.L. 101-336, 42 U.S.C. § 12101, *et seq.*, and/or any properly promulgated rules and regulations relating thereto, and each party further agrees to indemnify, defend, release, save and hold harmless the other and their officers, agents and employees from any causes of action or claims or demands arising out of the failure of that party in performing this Agreement to comply with the requirements, responsibilities and/or duties as such are set forth in the Americans With Disabilities Act and/or properly promulgated rules and regulations related thereto.
- J. Governmental/Sovereign Immunity: COUNTY does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 *et seq.*, by entering into this Agreement. Further, COUNTY fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this Agreement.
- K. Indemnification: To the fullest extent permitted by law, RECIPIENT agrees to indemnify, hold harmless and defend COUNTY, their elected and appointed officials, employees and volunteers from any and all liability for injuries, damages, claims, penalties, actions, demands or expenses arising from or in connection with this Agreement or arising from RECIPIENT use of the Property. RECIPIENT shall carry

liability insurance sufficient to cover its obligations under this provision and provide COUNTY with proof of such insurance. Further, RECIPIENT shall notify COUNTY, ten (10) days prior to termination or any change to its liability insurance.

- L. Third Parties: The parties do not intend to create in any other individual or entity the status of third party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties and obligations contained in this Agreement shall operate only between the parties to the Agreement, and shall inure solely to the benefit of the parties to this Agreement.
- M. Conflict of Interest: COUNTY and RECIPIENT affirm, to their knowledge, no RECIPIENT employee has any personal beneficial interest whatsoever in the Agreement described herein. No staff member of RECIPIENT, compensated either partially or wholly with funds from this Agreement, shall engage in any conduct or activity which would constitute a conflict of interest relative to this Agreement.
- N. Force Majeure: Neither party shall be liable to perform under this Agreement if such failure arises out of causes beyond control, and without the fault or the negligence of said party. Such causes may include, but are not restricted to, Act of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. In every case, however, a failure to perform must be beyond the control and without the fault or the negligence of said party.
- O. Notices: All notices required and permitted under this Agreement shall be deemed to have been given, if and when deposited in the U.S. Mail, properly stamped and addressed to the party for whom intended at such party's address listed herein, or when personally delivered to such party. A party may change its address for notice hereunder by giving written notice to the other party.
- P. Counterparts: This Agreement may be executed in two or more counterparts, each of which will together be deemed an original, but all of which together shall constitute one and the same instrument. If any signature is delivered by facsimile transmission, electronic mail of a PDF format data file, or electronic signature, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such signature were an original thereof.
- Q. Audit and Access to Records: COUNTY and its representatives shall have access to any books, documents, papers, electronic data, and records of RECIPIENT which are pertinent to this Agreement. RECIPIENT shall immediately, upon receiving request from the COUNTY, provide said documents to the COUNTY or its representative or independent auditor for review and cooperate fully with the same. The PARTIES agree that this provision cannot and shall not apply to protected health information, and

that the Health Insurance Portability and Accountability Act (hereinafter, "HIPPA") shall govern as to protected health information.

**2024-25 BUDGET AGREEMENT  
BETWEEN  
BOARD OF COUNTY COMMISSIONERS FOR SWEETWATER COUNTY AND  
SOUTHWEST COUNSELING SERVICES**

**Signature Page**

**SWEETWATER COUNTY, WYOMING**

By: *Keaton D. West* Date *10/15/24*  
Keaton D. West, Chair, Sweetwater County Commissioners

ATTEST:

By: *Cynthia L. Lane* Date *10/15/24*  
Cynthia L. Lane, Sweetwater County Clerk



**SOUTHWEST COUNSELING SERVICES**

By: *[Signature]* Date *9-25-24*  
Southwest Counseling Services

**SOUTHWEST COUNSELING SERVICES BOARD**

By: *[Signature]* Date *9/25/24*  
Chair

This Agreement is effective the date of the last signature affixed to this page.

REVIEWED AND APPROVED AS TO FORM ONLY:

By: \_\_\_\_\_ Date \_\_\_\_\_  
Sweetwater County Attorney



## Memorandum of Understanding

### 1. Memorandum of Understanding

- a. This Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to the Central Wyoming Counseling Center (CWCC 988 Suicide and Crisis Lifeline) and Southwest Counseling Service.
- b. Effective Date is with the last signature.

### 2. Partnership

- a. Mission: Through Collaborative efforts address and reduce the imminent risk of suicidal ideation and provide citizen of the State of Wyoming with crisis care responses and a supportive crisis care network. Each of the Partners commit to increase awareness and use of the 988 National Lifeline and to encourage callers/chatters/texters to utilize the resources available from Southwest Counseling Service.
- b. Primary Contacts: Mike Bauer and Riley McKensie of Southwest Counseling Service and Katrina Ferrell, CWCC 988 Lifeline Program Coordinator.
- c. Strategic Objectives:
  - i. Objective 1: To ensure a comprehensive and coordinated response to individual at imminent risk for suicide, Southwest Counseling Service and the CWCC 988 Suicide and Crisis Lifeline will work together for local access to care and for individuals contacting the 988 National Lifeline. As a result, the CWCC 988 Suicide and Crisis Lifeline will send referral to Southwest Counseling Service whenever appropriate. Referrals may take the form of a transfer and immediate connection to Southwest Counseling Service.
  - ii. Objective 2: Southwest Counseling Service may refer individual at risk to the 988 National Lifeline for added crisis intervention support.
  - iii. Objective 3: The Partners will participate in continued collaboration of services that will improve services and address effective communications between the Partners.
- d. Responsibilities: The CWCC 988 Suicide and Crisis Lifeline will maintain data of the number of referrals to Southwest Counseling Service. Individuals identified as a referral from CWCC will be asked to sign a release of information to CWCC 988 Suicide and Crisis Lifeline for appropriate coordination of care.

**3. Confidentiality**

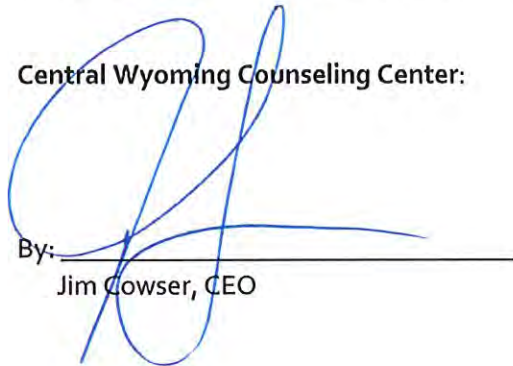
- a. All Partners agree that they shall maintain client confidentiality and shall comply, in all respects, with all applicable federal, state, and local law, rule or regulation regarding confidentiality, including, but not limited to, HIPAA, and any rules and regulations promulgated thereto.

**4. Terms of Agreement**

- a. Partners will notify the other within fifteen (15) business days in the event of a change in Executive Director/Chief Executive Officer.
- b. The term of this MOU shall be for one (1) year, commencing on the effective date of the last signature (Item 1, part b).
- c. This MOU will automatically be renewed annually, unless amended or terminated based on terms agreed (Item 2, part c.).
- d. Partners agree to give a thirty (30) day notice via email to CEO if either of the Partners intend on amending or terminating the MOU.

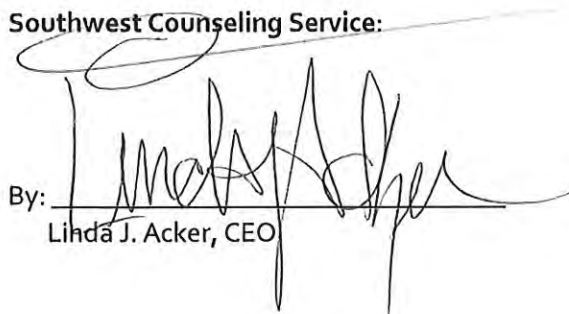
**5. Entire Agreement:** This MOU is the entire agreement between Southwest Counseling Service and CWCC. This MOU supersedes all previous MOUs between the Partners relating to the subject matter of this MOU and constitutes the entire understanding between the parties relating to the subject matter of this MOU. No amendments or variation thereof shall be valid unless evidenced by a writing signed by both Partners.

**Central Wyoming Counseling Center:**

By:   
Jim Cowser, CEO

02/27/24  
Date

**Southwest Counseling Service:**

By:   
Linda J. Acker, CEO

3-28-24  
Date

## Memorandum of Understanding

### 1. Memorandum of Understanding

- a. This Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to Wyoming Lifeline and Southwest Counseling Service.
- b. Effective Date is with the last signature.

### 2. Partnership

- a. Mission: Through Collaborative efforts address and reduce the imminent risk of suicidal ideation and provide citizen of the State of Wyoming with crisis care responses and a supportive crisis care network. Each of the Partners commit to increase awareness and use of the Wyoming Lifeline and to encourage callers/chatters/texters to utilize the resources available from Southwest Counseling Service.
- b. Primary Contacts: Mike Bauer and Riley McKenzie of Southwest Counseling Service and Ralph Nieder-Westermann, Executive Director for Wyoming Lifeline.
- c. Strategic Objectives:
  - i. Objective 1: To ensure a comprehensive and coordinated response to individual at imminent risk for suicide, Southwest Counseling Service and the Wyoming Lifeline will work together for local access to care and for individuals contacting the 988 National Lifeline. As a result, the Wyoming Lifeline will work together for local access to care and for individuals contacting the 988 National Lifeline. As a result, the Wyoming Lifeline will send referral to Southwest Counseling Service whenever appropriate. Referrals may take the form of a transfer and immediate connection to Southwest Counseling Service.
  - ii. Objective 2: Southwest Counseling Service may refer individual at risk to the Wyoming Lifeline for added crisis intervention support.
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- d. Responsibilities: The Wyoming Lifeline will maintain data of the number of referrals to Southwest Counseling Service. Individuals identified as a referral from Wyoming Lifeline will be asked to sign a release of information to Wyoming Lifeline for appropriate coordination of care.

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- d. Partners agree to give a thirty (30) day notice via email to CEO if either of the Partners intend on amending or terminating the MOU.

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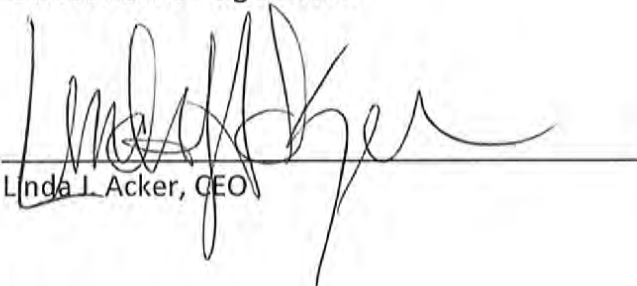
**Wyoming Lifeline:**

By:   
Ralph Nieder-Westermann, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_ 5/29/2024 \_\_\_\_\_

**Southwest Counseling Service:**

By:   
Linda L. Acker, CEO

\_\_\_\_\_  
Date

\_\_\_\_ 5-29-24 \_\_\_\_\_



## 8.5.2 Tuberculosis Exposure Control Plan

**Policy:** SCS strives for the safest work and treatment environment as can reasonably be provided. This policy is to provide written guidelines for testing, treatment and prevention to eliminate the spread of tuberculosis to SCS employees, clients, and visitors, and to be in compliance with OSHA regulations concerning occupational exposure to tuberculosis.

### **DEFINITIONS**

**Mycobacterium Tuberculosis:** The principle infectious agent of tuberculosis is carried through the air droplets when a person with infectious tuberculosis of the lungs or larynx sneezes, coughs, speaks or sings.

**Mantoux Test:** This test is the only acceptable test for identifying a person infected with mycobacterium tuberculosis (MT).

**Tubercle Bacillus:** The bacteria that cause tuberculosis.

**Extra Pulmonary Disease:** Tuberculin disease located elsewhere in the body outside of the lungs.

**Immunosuppressive Drugs:** Prescription drugs that reduce the body's resistance to infection by suppressing the immune system.

**Pulmonary:** of lungs.

**Sarcoidosis:** A disorder that causes lymph nodes in the body to enlarge. Nodules develop in lungs, liver, and spleen. Skin, nervous system, eyes and salivary glands are affected. It is very similar to tuberculosis.

**Exposure:** The potential exposure to the exhaled air of a person with suspected or confirmed tuberculosis disease.

**Suspected:** A person having symptoms typical of tuberculosis.

### **OVERVIEW OF TUBERCULOSIS**

Tuberculosis diseased droplets are carried by air out of the body of the infected person. Tuberculin droplets may be so small that they may remain airborne for extended periods of time in normal air currents and can spread throughout a room, building, or vehicle.

Pulmonary tuberculosis can only be contacted by inhaling the airborne droplets from an infected person. The probability of becoming infected with pulmonary tuberculosis depends primarily upon the concentration of airborne particles a non-infected person is exposed to and the duration of the exposure.

Active tuberculosis disease is different from tuberculosis infection. A person with active tuberculin infection, who has a positive skin test but has no symptoms of tuberculosis, cannot spread the infection to others. This person will probably remain unaware they have been infected. A person with active tuberculosis disease has the signs and symptoms. This person can transmit the infection to others who are in close contact with them.

### **TEST FOR TUBERCULOSIS**

The Mantoux Test is the standard test used by the medical profession in determining the presence of tuberculosis. The vaccine used in this test is termed Protein Purified Derivative (PPD).

## **CLASSIFICATION OF THE TUBERCULIN REACTION**

A tuberculin reaction of 15 mm or more is classified as positive when the individual has no risk factors for TB.

A tuberculin reaction of 10 mm or more is classified as positive when:

- The individual was born in areas of the world where TB is common
- Illicit drugs are injected and the individual is unknown to be HIV positive
- Low-income groups with poor access to health care or individual has lived in residential facilities
- Individual has a medical conditions that appear to increase the risk i.e. diabetes
- A child younger than 4 years old
- The individuals are likely to be exposed to TB due to employment exposure to high-risk populations.

A tuberculin reaction of 5 mm is classified as positive in people who are:

- HIV positive or have injected illicit drugs and HIV status is unknown
- Their natural immune responses are weakened
- Those who have a chest x-ray of old, healed tuberculosis
- Close contacts of people with infectious TB

Absence of a reaction to the tuberculosis test does not exclude the presence of tuberculosis or tuberculosis infection. Tuberculosis reactions may decrease or disappear during any illness accompanied by severe fever such as:

- Measles or other illness that has a breaking out symptom (exanthem)
- HIV infection. Up to 60% of patients with AIDS may have skin test reactions less than 5 mm even though they are infected in tubercle bacilli
- Live virus vaccination
- Hodgkin's disease
- Sarcoidosis
- Overwhelming miliary or pulmonary tuberculosis (describing small nodules or lesions)
- After administration of corticosteroids (steroid hormones) or immunosuppressive drugs.

### Repeated Tuberculin Skin Tests

- The tuberculin skin test can be repeated periodically during observation of tuberculin-negative individuals who are likely to be exposed to tuberculosis. Repeated testing of uninfected individuals does not cause an individual to be more susceptible to tuberculosis. A remote possibility of resistance to the test may occur after frequent testing which can cause the reaction to the skin test in some individuals to be negative.
- Individuals 55 years of age or older who are likely to be exposed to tuberculosis may need to be tested more frequently.
- If skin testing adults is to be repeated periodically, follow the recommended two step procedure.

The Centers for Disease Control has recommended that all persons who test positive for tuberculosis infection will be tested for their human immunodeficiency virus (HIV) status. Similarly, all persons whose blood tested positive for HIV will be tested for tuberculosis.

## **SYMPTOMS**

Pulmonary tuberculosis will be suspected in persons with symptoms of:

- A deep, hacking cough which persists for two or more weeks
- Coughing up phlegm or blood
- Fever, chills, night sweats
- Easily fatigued, lethargic, and weak
- Loss of appetite, weight loss
- Possible chest pains

In about 15% of tuberculosis cases, extrapulmonary tuberculosis occurs. Symptoms of extrapulmonary tuberculosis will be considered by medical professionals in cases of ill persons who are at higher risk for tuberculosis.

In patients who have both tuberculosis and HIV infection, extrapulmonary disease is very common (seeing 40-75% of patients), often occurring in the presence of pulmonary disease.

It is important to ask persons with suspected tuberculosis about a history or exposure to tuberculosis and of previous tuberculosis infection or clinically active disease.

## **PROCEDURE**

Southwest Counseling Service Medical Program will provide Tuberculin Skin Testing to the following persons:

- A tuberculin skin test will be performed on all new hires. If the first test is negative, the two-step method will be followed.
- In the event there is a suspected exposure, SCS will follow CDC guidelines under the guidance of a licensed medical professional.
- All clients entering residential treatment programs for mental health or substance abuse.

Post-exposure examination

- If the employee's most recent skin test was negative, but the employee subsequently becomes exposed to a known potential transmitter, an immediate retest will be administered and if negative, then a repeat test will be administered in 10 to 12 weeks.

Counseling and Referral

- Medical and other staff will provide counseling regarding risk factors and preventative measures related to tuberculosis.

- In the event that a client who tests positive for TB is denied admission due to maximum capacity, SCS will refer the client to a program for TB treatment.

#### Reporting Exposure Procedure

- In the event that an employee is exposed to active tuberculosis disease, the employee will report the exposure to their Manager/Residential Coordinator immediately and a written report shall be submitted to administration as soon as possible.
- In the event that a person who is brought into the facility, has active tuberculosis disease the clinician in care of that person will report it immediately to their Manager/Supervisor and a written report will be given to administration as soon as possible.
- All TB results, positive and negative, will be reported to the Wyoming Department of Health, Public Health Division, utilizing the WylR database.

#### Employee Testing and Exposure Records

- A record of employee testing results and treatment will be maintained in the employee's file and made available to the OSHA compliance officer at the time of inspection.
- A record of employee exposure to tuberculosis will be maintained in the employee's file and made available to the OSHA compliance officer at the time of inspection.

Approved By: Linda J. Acker, CEO

Date: April 26, 2021

Revised: 06/00, 01/09, 09/09, 02/15, 10/17, 04/21  
Reviewed: 05/19

April 8, 2022

Linda J. Acker, MS, LPC  
Southwest Counseling Service  
2300 Foothill Boulevard  
Rock Springs, WY 82901

Dear Mrs. Acker:

It is my pleasure to inform you that Southwest Counseling Service has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

- Assessment and Referral: Integrated: SUD/Mental Health (Adults)
  - Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
  - Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
  - Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
  - Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
  - Community Housing: Substance Use Disorders/Addictions (Adults)
  - Community Integration: Psychosocial Rehabilitation (Adults)
  - Court Treatment: Substance Use Disorders/Addictions (Adults)
  - Crisis Intervention: Integrated: SUD/Mental Health (Adults)
  - Crisis Intervention: Integrated: SUD/Mental Health (Children and Adolescents)
  - Crisis Intervention: Psychosocial Rehabilitation (Adults)
  - Crisis Stabilization: Mental Health (Adults)
  - Day Treatment: Mental Health (Adults)
  - Detoxification/Withdrawal Management - Residential: Substance Use Disorders/Addictions (Adults)
  - Integrated Behavioral Health/Primary Care: Comprehensive Care (Adults)
  - Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
  - Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)
  - Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
  - Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
  - Outpatient Treatment: Psychosocial Rehabilitation (Adults)
  - Prevention: Integrated: SUD/Mental Health (Adults)
  - Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
  - Residential Treatment: Integrated: SUD/Mental Health (Adults)
  - Residential Treatment: Mental Health (Adults)
  - Therapeutic Communities: Substance Use Disorders/Addictions (Adults)
  - Therapeutic Communities: Substance Use Disorders/Addictions (Children and Adolescents)
- Governance Standards Applied*

This accreditation will extend through November 30, 2024. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect ([customerconnect.carf.org](https://customerconnect.carf.org)), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

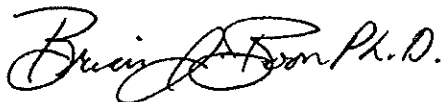
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may order additional certificates from Customer Connect (<https://customerconnect.carf.org>).

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Vidal Ramirez by email at [vramirez@carf.org](mailto:vramirez@carf.org) or telephone at (888) 281-6531, extension 7131.

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,



Brian J. Boon, Ph.D.  
President/CEO

Enclosures

# **New Business**



Please return signed form to:

Email: [Kimberly.trubetskoy@uprisehealth.com](mailto:Kimberly.trubetskoy@uprisehealth.com)

Phone: 949-527-6975

Please remit payment to:

Uprise Health

Attn Accounts Receivable

2 Park Plaza, Suite 1200, Irvine, CA 92614

<b>Name:</b> Eric Schirmer	<b>Quote 137</b>
<b>Business Name:</b> Southwest Counseling Service	
<b>Address:</b> 2300 Foothill Blvd	<b>Date:</b> 12/6/2024
<b>City/State/ZIP:</b> Rock Springs, WY 82901	
<b>Phone:</b> 307-352-6677	
<b>Email:</b> <a href="mailto:eschirmer@swcounseling.org">eschirmer@swcounseling.org</a>	
<b>Payables Contact:</b>	

Product	Description	Total
ASI-MV, BHI-MV, CHAT	Unlimited Subscription; valid from 2/6/2025 – 2/5/2026. Estimated 300 uses.	\$2,280
<b>Note:</b> Subscription price may be subject to change at time of renewal, based upon actual usage.		

**TOTAL AMOUNT      \$2,280**

Please sign and return this agreement today. The Uprise Health billing team will send your invoice separately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Terms of Agreement:

Auto Renewal Agreement. Annual Subscription will auto renew each year at then current rates, unless 60 day written notice is received. Invoices will be sent 90 days before expiration of current year subscription. Access to ASI-MV (English and Spanish) interviews, BHI-MV Interviews, CHAT interviews; all clinical reports; access to Quick Look in Analytics; automatic data uploads; free automatic upgrades; free customer support. All transactions are final.





## Southwest Counseling

**Sold To**  
Southwest Counseling  
2300 Foothill Blvd  
Rock Springs, WY 82901

**Bill To**  
Southwest Counseling  
2300 Foothill Blvd  
Rock Springs, WY 82901

**Proposal #:** 869  
**Date:** Jan 08, 2025  
Account Rep: Dave Arambel  
**Billing Email:**  
clegault@swcounseling.org  
Term:

Product	Rate	Discount	Net
<b>Star Stadium 11 Subscription Advertising Agreement</b>			\$2,970.00

Sub Total	\$2,970.00
Discount	\$0.00
<b>Total</b>	<b>\$2,970.00</b>

### NOTES/AMENDMENTS

Client receives Star Stadium 11 static advertising package including 12 free movie passes, exclusivity in the "counseling" category, two hours of professional graphic design if needed, and flexibility to change add as often as necessary or run multiple ads in rotation at the same time. Contract reflects 10% discount for upfront payment and will begin on February 1, 2025. Please see Terms and Conditions for more details.

### Terms and Conditions

I, the undersigned, agree to pay Upslope Media the amount specified above in accordance with the terms of this contract. I understand that I will be held accountable for all late fees, early cancellation fees, and collection fees should I default on this contract. I affirm that this contract covers only the services and products specifically listed and does not cover any additional services or products. I affirm that I am authorized to distribute my company's artwork/logo and affirm that Upslope Media is not liable for any misuse of my logo or artwork by third parties. I understand that all advertisements and graphics created by Upslope Media are the property of Upslope Media and are licensed for use exclusively in the locations listed. By signing this contract, I am responsible for full payment of the contract.

If the Contract Term is set to Auto-Renewing, the following terms also apply: The initial term of this Agreement shall commence on the Effective Date and shall continue for a period of six (6) months ("Initial Term"). Following the Initial Term, this Agreement shall be automatically extended for successive periods of one month each, on the same terms and conditions as set forth in this Agreement, unless and until either party gives written notice of termination to the other party. Termination shall be effective on either the 14th or the last day of the month, at least thirty (30) days after such notice is given. Any addendums or alterations to these terms as stated in the Notes section will supersede these terms.

\_\_\_\_\_  
**Southwest Counseling Representative**

# CEO Report

## CEO Report

January 2024

It has been a busy couple of months with ARPA projects, State application, moving out of three facilities and with CARF surveyors coming January 26-January 29<sup>th</sup>. SCS staff have been incredible throughout the process.

### **Information:**

**ARPA Projects:** Duran and Washakie residential facilities vacated and clients moved to the Rosen facility. I have notified Ben Kifer, Administrator for Behavioral Health Redesign, concerning admissions into these two facilities. At the Ankeny facility, medical is still in the building with one clerical. The staff is incredible with responding and handling the changes, moving of clients and clearing all three facilities of furniture. The staff has been awesome. There will be challenges and I know the staff will do their best.

**Behavioral Health Application FY26:** Enclosed in your packet is the application with the Behavioral Health Division. With the Board's approval, I will proceed to Sweetwater County Commissioners for their approval. The application is due February 10, 2024.

**Behavioral Health Redesign:** SCS is continuing with eligibility for clients through BHR. To date, SCS has had only one person for the outcomes.

**68<sup>th</sup> Wyoming Legislature:** The legislative session started on Tuesday, January 14<sup>th</sup> for a 40 day general session. In November, Governor Gordon announced \$692 million supplemental budget to the legislature. WAMHSAC is waiting to see any areas of concerns for the centers. Presently, WAMHSAC will be notified by the Executive Director since Ms. Andi Summerville will be attending the session for the centers.

**Proposals:** Mr. Ray Wolfe asked if I could provide a proposal to assist law enforcement with issues related to individuals who did not meet criteria to be incarcerated or placed on emergency hold (Title 25). I did provide Mr. Ray Wolfe with two documents titled 23-Hour Mental Health Drop Off and Five Day Bed Drop Off.